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THE Public Health Nurse Quarterly

JANUARY, 1914

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THE
Public Health Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities.

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"YOU'SE A VERY PLEASANT FRIEND."

The
Public Health Nurse Quarterly

VOL. VI. JANUARY, 1914 No. 1

Editorials

I.

Some Reflexions Inspired by a Pamphlet on Rural Health and Welfare

It is impossible to read such pamphlets as Frderick L. Hoffman's Rural Health and Welfare, published in 1912 without becoming vividly aware of the millions of acres of sterile farm lands in our country and the steady push of rural population toward the towns and large cities, especially in the Eastern States. At the same time, when one listens intently to the still small voice of our day, one has a prescience of what must and will take place—a return to the land and its cultivation.

As in a vision one sees the great hosts straggling back, straggling up out of Egypt, out of the House of Bondage, one sees them rescued from the pitiless dynasty of the machine which they themselves have made, and opposing resis-

tance to the power which has drawn men, in increasing numbers, to the vortices where industrial life is quickest.

One feels this prescience as one feels the lift and touch of spring winds which bring promise of blossom and fruit and plenty.

Indeed a renaissance of hope seems to possess us, and we can but ask that this hope may have its prophets and its poets, as well as its economists and statisticians, to help it toward fulfillment.

In this going back to the soil, in this reclaiming of barren lands one feels the lure of a great adventure, one sees visions flung like banners to the air and gets a hint of the stern satisfactions and lively joys which have always belonged to crusaders and pioneers.

Man has a stinging longing to feel himself alive while living. In all ages he has been willing to leave mere physical comfort for the peril and hardship of adventurous tasks.

The industrial age has held him because it has been alive. It has sung great songs in the roar of its traffic and the whir of its looms; it has painted great pictures with the outgushing fires of its furnaces; it has scaled the sky with towers and buildings, and caught the air in a network of lines more ready to serve the hosts than the genii of Aladdin's time to obey the wish of princes.

The industrial age has been instinct with life, with energy, with purpose, and where energy and life manifest themselves there man is irrisistibly drawn. And now life and motion and interest in increasing measure are centering about agriculture and the soil. The racks of libraries are filled with books and periodicals on gardening; home gardening associations, school garden clubs and classes, state and municipal agricultural and horticultural societies stir up interest everywhere in widening circles. The agricultural departments of universities paint their adjacent lands with yellow grain and green pastures, while in grimmest city quarters flowers struggle bravely against the grime and dust.

Everywhere there seems to be a growing sense of earth's hidden treasure.

And when the thousands and tens of thousands who now huddle in cities become fully possessed with this idea they will fling themselves upon the task with the energy and passion which treasure seekers have ever shown. Let them but understand that corn is gold in transmutation, and they will endure and die in the new quest as they have endured and died in the glare of furnaces and the damp of mines. The greatest cruelty that can be practised toward man is to leave his energies slack, his imagination without a vision and his soul without a reasonable hope for the faith that is instinctively his. When the young, the robust and the brave leave the country for the town it is because in some strange way the ark of the Lord seems to them to go before.

If anyone doubts this he fails to see that man is drawn by life and purpose, as plants are drawn by the heat and warmth of the sun. That which is dumb and formless cannot hold him. The soul of our age has been the soul of industry and into this collective soul men have poured themselves.

Inveigh against it as we may, count its victims as we must, we cannot deny that the industrial age has had the might and strength and purpose to fashion the world in its image and to set upon each and every one of us its seal.

Happy then are those among us who hear the stirring of other forces, and who believe that new sources of life are preparing and that beyond the darkness of our present complexities lies perhaps—who knows—the promised land.

II

The Village as Rural Capital

Dr. Wilson's article on Rural Social Conditions gives a plain and honest statement of country conditions as they are and sums up in a forcible and convincing fashion some of the causes which have dried up the wellsprings which

even thirty or forty years ago fed life on the farm. As we read his words we feel a complete assent to all that he says and many facts which have troubled and perplexed us suddenly resolve themselves so that we have a far clearer understanding of a problem which in the truest sense is a national one.

If a phase in our nation's life which produced poets and artists and artist-artisans has lapsed into a period of unproductiveness and apathy we must each strive to do our part so that this period be brief and transitional, and some newer mould be found for the spirit of a newer time.

The village as rural capital, seems to set the needle of purpose pointing true and straight.

To consider itself the center, the hub of a system, would make a village realize as nothing else could, that there should be a system, a plan, a purpose for rural communities in contradistinction to urban communities.

It seems reasonable that there should be a center, a strong seat, a meeting place where scattered populations could come together for refreshment of soul and renewal of purpose. And it seems natural that this center should gather up and grasp the responsibility for the health conditions in the surrounding country and should stand for the protection of the countryside as the city does for its urban population.

In no other way can these outlying, isolated farms enjoy the communal benefits of health measures and have their share of intelligent care in time of illness. We expect that this article on Rural Social Conditions will be followed later by one on "Rural Sanitary Problems."

III.

A Series of Educational Articles

The Public Health Nurse Quarterly intends to publish during this coming year a series of articles which, as a whole, will represent in greatly condensed form some of the more important courses of study which are being pre-

sented to post graduate students in public health nursing at Teachers' College, Columbia University, New York, and at three post graduate centers in connection with the Visiting Nurse Associations in Boston, Philadelphia and Cleveland.

These articles are to be written by the men and women who lecture at these schools. and will be presented by them in a way to make more general some of the essential principles which characterize and form the basis of constructive nursing for the public health.

The following is a very incomplete list of some of the subjects treated in these post graduate courses:

1. Principles and Procedures of Public Health Nursing.
2. Municipal Sanitation.
3. Rural Sanitary Problems.
4. Basis of Social Legislation.
5. Preventive Medicine in Nursing.
6. Food Economics.
7. Psychology as applied to the problems in Public Health Nursing.
8. The Immigrant and Social Backgrounds.
9. Administration in Public Health Nursing.

Our aim in giving this list is to indicate, in a general way, that there is a whole body of principles which apply particularly to the maintenance and upbuilding of health in communities.

To this body of scientific findings the nurse in the field must turn for guidance and support in the performance of work which ought to be done in the best way known.

It is, of course, needless to say that the study of these articles, which we propose to publish, when compared with taking the post graduate course itself will be as the crumb to the loaf; but the loaves are as yet for the few, and we see no reason why even a crumb may not be better than the entire lack of such very nourishing bread.

We venture to hope that those who follow these articles

will be more likely to strive for post graduate training than those who have not become seriously interested in the constructive and educational side of public health nursing.

The first two articles of this educational series appear in the present issue.

They are "Rural Social Conditions," written by Dr. Warren H. Wilson, who has recently completed a course of lectures on this subject at Teachers' College, New York; and "Dietetics in Italian Tenements," by Miss Winifred Stuart Gibbs, supervisor of the Home Economy Work of the A. I. C. P. of New York and assistant teacher in the Course in Nutrition and Foods, at Teachers' College.

These two articles have to do with two very important phases of our present day problems, i. e., the care of such people as live in small communities, and rural districts; and the highly important problems of how to plan a proper diet with a very light family purse.

IV.

Treasure Not Easily Reckoned

There are two papers in this number of the Quarterly which call attention to the emotions and experiences in a visiting nurse's life which contribute to the happiness and to the development of the nurse herself.

We are all vaguely conscious of the place these spiritual values claim in every life, and we know that contentment in work invariably follows the satisfaction of these claims, but we are not all so fortunate as to do work which exposes our character to ripen against so sunny a wall.

Some one has very fittingly said that "there are certain deep underlying principles of harmony and justice implanted in every human breast" which cause a person to be happy or restless in measure as he respects the inner promptings of this deep instinctive sense. Unhappily there are in most lives dreary moments and hours when this most precious sense of proportion is overpowered and all but lost

by an illusion of finiteness and a feeling of separation from our fellows.

At such times we forget that to climb together upward is the condition of happiness for beings whose feet are set upon a mountain side whose top the farthest stars rejoice over and hold in radiant keeping.

It is very certain that a good visiting nurse owes much of her worth to the effort she makes to answer the many needs of people who are dependent upon her, and that she becomes sounder and sweeter in her relationships with these people as time goes on.

Thus, through the patient and conscientious practice of her profession, she often comes into the exercise of a ministry of peculiar worth and value.

V

Assets Which a Visiting Nurse May Claim

Having counted the treasure whose image and superscription are not Caesar's, we can turn with equal confidence to some very material advantages enjoyed by the visiting nurse, and which are often dwelt upon by the nurses who follow this branch of their profession.

Regular exercise in the open air is one of the most notable of these benefits. The daily walking from house to house in the care of patients, though often arduous, particularly during the extremes of weather, does nevertheless on the whole, upbuild and maintain the physical health as nothing else can.

And the possibility of having one's own home spot, to which one can return with regularity and in which one can establish and preserve some continuity in one's own personal life and habits, is a comfort which those who may not enjoy this privilege would rate as perhaps the greatest material advantage which a visiting nurse enjoys.

The visiting nurse's personal life is regular, and her work and the scenes amid which she performs it are varied. Her income is steady and is not a source of anxiety and

concern. She works among very plain people and is in little or no danger of forming luxurious tastes and habits which her own purse and way of living would not permit her to maintain as an individual.

And to crown all these benefits she is an integral part of a movement which makes her at one with the age in which she lives, because it is the very embodiment of the thought and desire of this particular period of the world's history.

Truly it cannot be wondered at that so many nurses are turning toward a field which promises so rich a return for earnest effort.

The Nurse's Opportunity in Hospital Social Service and Public Health Work

H. R. M. Landis, M. D.

At the present time we are passing through a transitional period in hospital care of the sick and in the solution of municipal health problems. Old established methods, which have been accepted as the standards throughout the country for years, are being adversely criticised and gradually replaced; and in this work of reform the nursing profession, and no less the medical profession, have shown themselves strangely remiss in their failure to grasp their opportunities.

Let us consider first hospital social service. As in the case of many another worthy innovation it is a matter of wonder, once its usefulness has been demonstrated, that so obvious a necessity should have escaped attention for so long a time. True, social service of a kind has been practiced by a few on occasion from time immemorial. But it remained for Richard Cabot to crystalize the idea and present it in a form readily understandable by all—that is by all who have eyes to see and ears to hear.

Although social service was introduced in the Massachusetts General Hospital in 1905 and its value almost immediately recognized, there are still many hospitals which have failed to avail themselves of its benefits; the hospital staffs in others have not yet grasped its significance, and in but few hospitals is the social service department under the supervision of a nurse trained along this line. In other words, the most signal advance made in recent years for the care of the dispensary and ward patient, has received but scant attention from the two professions which exist solely and entirely for the purpose of ministering to the sick.

The field of sociological endeavor on the other hand

has slowly but surely extended its scope. From the very beginning the lay social worker was quick to realize the importance of social service, and equally prompt to equip herself with the necessary training to fit her for the work; while the nursing profession, as a whole, viewed social service with indifference.

Social service is not, after all, a new profession as some would have it, but simply a new means of increasing the efficiency of and doing away with many of the defects of hospital treatment. Hospital social service, valuable as it is now, must, however, expand. The question arises, is this expansion to be an amplification of its sociological or its medical side? Personally, I believe that it is the medical side which will receive more and more attention in the future. At present the medical aspects of social service are overshadowed by the sociological. This is emphasized in most of the papers I have recently heard on the subject, it being stated that a nurse may do the work, but that a knowledge of nursing is not essential. On the contrary it is almost certain in my opinion, that the hospital social service worker of the future will be a woman with both nursing and social service training. The development of hospital social service, as I see it, will be along the lines of the work performed by the visiting nurse plus social service and training in sanitation; or, if you choose, the social worker with training in nursing and sanitation.

The shortcomings of the nurse or the lay social worker alone can be illustrated very well by the case of the puerperal woman and the new born infant. The social worker in her investigation may find that the woman has been deserted by her husband, that she is back in her rent and that both food and clothing are insufficient. This constitutes the sociological background, and the problems involved are, first, trying to induce or force the man to meet his obligations, and second, in default of this, the obtaining of relief from some one of the recognized charity organizations, or possibly from private sources.

There may be, however, another background to this case, namely, the need of nursing attention for the woman, instructions as to the care of the child, especially if it is to be bottle fed, and not infrequently in a case such as this, instructions as to household hygiene and the purchasing and cooking of food. To a greater or lesser extent these needs are present in all of our dispensary and ward patients, no matter what the particular medical problem may be.

No one will question, both for reasons of economy and efficiency, that the woman trained along both lines is preferable to one with training in but a single phase of the problem.

Much is written about the necessity for tact and a love and enthusiasm for the work. As far as I know, these traits are not peculiar to any one set of individuals, and while all nurses may not make good social workers, there are certainly enough possessed of the proper temperament to succeed in the undertaking.

This much must be realized, and that is that the present group of lay hospital social workers are primarily of a high type. They are, as a whole, well educated, eager students of sociological problems, possessed of initiative and thoroughly trained as far as their equipment goes. This must not be lost sight of by the nurse if she expects to compete in this particular field of endeavor. With her nursing training, it should be a relatively easy matter to regain what her indifference has so far cost her.

What has been said regarding the attitude of the medical and nursing professions towards social service can be emphasized even more strongly in criticising their position in regard to public health matters.

Recent legislation, having as its object the betterment of the public health, has been brought about for the most part by the lay sociologist; while the greatest majority of positions which have been created to administer and direct these new public health activities, are filled by the lay social worker. In some instances these positions can be

filled acceptably by the lay worker, although my own belief is that any organization, which has to do with the treatment or prevention of disease, should be directed by one trained in medical matters. Thus I have in mind a society, one-half of whose board of directors consisted of physicians, allowing its lay secretary to write and send to the newspapers its health bulletins. And the curious part of it was that no one thought there was anything wrong with the idea.

In this connection I should like to quote from an address by Dr. W. A. Evans, because it carries the same lesson for the nurse as for the physician: "As I see it," he said, "the wise thing for the medical profession to do is to get right into and man every great health movement; man health departments, tuberculosis societies, child and infant welfare societies, housing societies, etc. The future of the profession depends upon keeping matters so that when the public mind thinks of these things, it automatically thinks of physicians. They cannot afford to have these places occupied by other than medical men." And so, too, nurses cannot afford to have many of the positions relating to public health occupied by others than members of their own profession.

What, after all, is public health work? Public health means the education of the public in preventive medicine as well as the care of the sick. Its scope is almost illimitable in that there may be included under the term everything which in any way effects the health of a community.

Primarily it is educational work, and while the individual has to be treated for his or her particular malady, this very circumstance serves as a text to preach the lesson of prevention, so that others of the family or neighborhood may not come to the same pass.

Any one who has studied the relationship which exists between the living conditions of a given community and its health cannot but be impressed with the fact that the house and its immediate vicinity determine to a great extent the

health of the people living there. It may be that the house itself is at fault; more frequently, however, it is the people themselves. As Dr. Thomas Darlington has recently said, a healthy body can adapt itself to its surroundings, whether in the arctic circle or at the equator, but it cannot adapt itself to bad milk, polluted water, putrid garbage, bad drainage, crowded sleeping rooms, foul air and contagion.

The regulation of all these things is the duty of every community just as much as the providing of police and fire departments. There is hardly a phase of public health work, therefore, that is not open to the nurse, inasmuch as all of the problems are largely those of public sanitation, demanding for their solution the education of the people.

And as has been well said, the most powerful agent for good in this direction is the public health nurse. Exhibitions, addresses by physicians to various clubs, pamphlets, etc., cannot be compared to the house to house inspection of the nurse. She reaches people who never attend meetings, and who never read anything. Furthermore, education to be effective must be intensive and individual, and it is only by repetition and constant supervision that any advance is made. Teaching the people how to do some things better, and other things not at all, is the foundation of all modern public health work, whether it relates to contagious diseases, tuberculosis, venereal diseases, infant mortality, mental defectives, school nursing, child welfare societies, welfare work in factories and department stores or housing conditions.

A knowledge of all these things is essential for the public health nurse, although she may eventually and probably will specialize and devote all of her time to some one of them.

For some time I have felt that if we are to make any great improvement in the health conditions of our large cities and towns, it must be through the agency of sanitary officers. I have furthermore held the belief that these individuals should be clothed with the authority both of

the sanitary officer and the policeman. Many of these officers should, in my opinion, be public health nurses whose functions should be primarily one of education, and that a resort to legal prosecution should be taken only in extreme cases. Only the other day I read that this system was already in operation in several of the smaller cities of Michigan, and I think there can hardly be a doubt that this plan will become more and more the one of choice. In this field, just as in hospital social service, the nurse faces the same competition. Schools for social work are increasing, and the number of students attending them is growing yearly. Women seeking a vocation in life are more and more turning to this work, and but a very few of them have a nurse's training.

That she may qualify herself for these positions the nurse must be prepared to make the same sacrifice in time and money as the lay worker.

Rural Social Conditions

Warren H. Wilson

One finds in the country the traces of four successive stages of country life. Some communities have passed through but one and some have as many as four states of experience. Sometimes the types of men belonging to each of these stages live side by side in the country. The four successive types of country life are pioneering, household farming, speculation and scientific husbandry.

In the Middle and Eastern States the pioneer period ended between 1800 and 1835. Household farming ended in 1890 and the period of Speculation is now fully come. Scientific husbandry has only begun in some places.

There was in the period of household farming a complete way of life in the country. It has generally passed and universally it has been impaired. In some parts of the country this period, whose modes of life and work were brought from Europe with the early immigrants, was never matured. The pioneering of the country was retarded and speculation treads upon its heels. Household farming was the mode of life in the country which produced the great American ideals. The household farmer or his son wrote the early American literature. His ideals are expressed in early American law and constitution. American poetry was until recent years made up of his songs. But the city now sings the songs; the country is producing no polite literature.

Speculative farming, by which one means the tillage of land that is held for sale, is fortunately a mere transition. There was no price on farm land fifty years ago, and there will be none when husbandry takes the place that once household farming held. When the farmer again becomes, as in some regions he has become, the dominating industrial type, there will be no price upon the land, for men will not sell.

The changing value of land is a disturbing factor in the social life. It is at the root of the most strenuous social problems. A redistribution of land caused the rural exodus, which for fifty years has been sending the farmer westward and for now twenty years has been sending him eastward again.

This rural exodus has sent out of the country community men and families and whole occupations. It is partly due to machine production, which has compelled the farmer to buy in the world market. It is partly due to cheapened and extended transportation, which has drawn every small community into the world market. The farmer who once produced what he consumed, as farmers have done since Adam, has been made a consumer of other men's goods by the quality and the cheapness of what the factory makes and the railroad brings.

This has necessitated an income for the farmer such as no country people had before. They who buy in the market must pay in cash. The securing of this income has put the farmers of the past generation under an economic strain never endured before. One may hope that the next generation of farmers will be released from this strain.

Country life is dominated by the farmer. At the beginning of the nineteenth century there were, in addition to the professions in every country community, at least ten occupations producing goods for the local market. Workers in wood, in iron, in leather, in wool, in flax, in cotton were there, in addition to the lawyer and doctor, the schoolmaster and minister of religion. Practically all of these, except the working farmer, have abandoned the open country and live now in cities, great or small.

The villages are the place of residence of professions which serve the farmer, but the productive and manufacturing occupations, once placed in the country, are now assembled in cities.

With the occupations which gave variety to country life there have gone from the country many graces and

privileges which country people need. Leisure has been excluded from the country community, because of the economic strain in the effort to secure a living. Ideals of work and money dominate the country. Laziness is impossible. It would be a good thing for country communities if there were men and women endowed with extra time. One must not find fault with these ideals, since they are justified by necessity. When the farmer has secured an adequate income it will be time enough to ridicule and to eradicate the stinginess and "closeness" which are extreme products of the period of strain through which we are going.

Meantime the social life of the country is disturbed by the extremely high price of farm land. A high selling price of land does not help the country community in a social way. It makes possible in the country only those improvements which can be purchased with borrowed money. Productive improvements differ from social improvements. The former can be provided by loans against the land, the price of which has increased; the latter can be provided only out of income, which in most of the states has not greatly increased. Indeed a higher price of land actually reduces the farmer's income by increasing his fixed charges. In most of the prosperous agricultural states the general aspect of the country is one of productive improvements everywhere, and social improvements—better churches and better schools, improved roads—generally lacking. The reason for this is the high price of farm land and the retarded income of the farmer.

The village occupies the place of rural capital. The exodus has not taken so many to the great city as it has to the village or to the distant farming state where land is cheap. The farmer who sells and moves goes as a rule to farming elsewhere, or to the village. The weakness of country life is shown in its failure to satisfy certain classes. The farm does not keep the elderly farmer, who desires to retire to the village for his years of leisure. Women are

dissatisfied with the farm and prefer the life of the village. Young pople rebel against the tedium and against the sordid ideals of speculative farming and go to the village or town for recreation and for excitement. So that the village becomes the capital of the farming country. It has much greater county significance than the city. It is the highest point in the rural population. Policies of country development should center at the village.

As a rule villages are the outer boundary, not the center of social development. There are the good churches with the able ministers; there are the improved schools. Beyond the village in the open country few schools have been improved. There are the social halls, lodge buildings, general stores. As a rule the village is the margin of modern improvements. So that the village thinks of itself as a city. It looks up to modernized urban life, of which it is the outer rim and in which it is insignificant, rather than out on the open fields of which it is the center, in the midst of which it has a meaning and a leadership.

Because the leaders of the open country, the people who have made money, the brightest minds, the most successful men, the women who value culture the highest, are in the villages, a great responsibility falls upon village people. The village school should teach agriculture. It should standardize its policies of education by the needs of the farm. It should make the village a useful center in all the country round, rather than a predatory group, lifting the capital of the open country for investment in city industries.

The churches of a village should draw into their worship the farmers of all the surrounding country. The minister of a village should be a country minister. He should spend his time upon the turnpike, not upon the cement walks. If he gets the farmers into his church, he need have no fear of the village people.

The recreative life of a village should be serviceable to the surrounding country. The social control and public spirit of the village should be rural, and not urban. The

ideals of the village should be those of most use to country people, not those which imitate the great city.

Once a year every village should have an agricultural exhibit or fair. All the products of the surrounding country should be brought together in a great show, with competition for prizes offered by the industrial leaders; with attractions, uncommercial in character, such as will assemble all the countryside for the greatest meeting of the year. Play and merry-making for the whole year should center at this time. Tables should be set where all may eat. An auditorium should be provided where all may hear and applaud together. Speakers should be heard whom all love to hear, and by whom the farmer above all men, may be taught.

The sanitation and the health problems of the village should be those of the open country. It is impossible for a village which thinks itself a city to take much pains about questions of public health or public police. But a village which is the center of the country has a duty and a meaning. Problems of sewage disposal become at once important, for the village may become a center of infection.

The open country cannot have official sanitary inspection and for years to come will not be prepared to employ supervisors of public health; therefore, general knowledge of sanitation is necessary. Granges, churches, schools should devote some of their time and a forcible and vigorous attention to the problem of sanitation, in order to raise the standard of knowledge and the care of health in the country. Public opinion must be influenced in order to prevent the decadence of families and the indifference of households, for a particular house that harbors infection may communicate deadly disease to the most cleanly and careful people of the community.

Every village should have regular provision for the care of the sick. If a hospital is impossible because of expense, there should be in the village alert public spirited care of the sick in the whole countryside about. The

medium of infection in an epidemic will be the community, which is the social medium. The center of this community is the village, and it is not sufficient for the village to care for its own boundaries, for the problem of health is one for that whole population which are in daily communication. In matters of physical health the farmer, who dwells in a homestead many miles from the center, is one with the villager who lives on the main street, so that the problem of health is one, since it is a social problem.

The pitiful thing about American localities is the lack of locally made products. With all our ingenuity we expect the factory and machine to make our goods. In a hundred towns through which one travels one finds not five, nor even three, locally made products in which a community expresses its life or character. Every village should have a product of its own, something made out of its own raw material by hands trained in local skill; something woven, or moulded or devised by artistic skill; even some food product preserved, some staple product baked, prepared for consumption. If there is no evidence of local ingenuity and creative skill, what dignity can there be in a village that forgets it is a rural capital and mimics the ideals and the standards of the far off city? The city produces nothing, but when the village turns its mind to the open country, it will become a creative center.

A New Profession

S. P. Breckenridge

A new profession is in process of development and of recognition. This profession is called, for lack of a better term, "social work." Those who use these terms recognize their limitations. They know that they are using much larger words in a narrower sense. They know that all work that is done nobly and honestly and generously is in an ultimate sense social work, and that only work that is done selfishly, dishonestly or ignobly is anti- or un-social work. But for lack of better terms they have appropriated these words to designate the care of those who are in any way particularly weak by those who are stronger. This means the care of those who are weak by virtue of childhood, by virtue of old age, by virtue of mental incapacity and particularly those who are weak by virtue of poverty.

It is no new thing that neighbor should be kind to neighbor, and that those who have more should give of their abundance to those who have less. These relationships and practices are as old as human nature itself. Kindness has always existed side by side with selfishness, and charity with acquisition. However, in the past, when neighbor could know of the conditions under which neighbor was living, the practice of neighborliness offered little difficulty. And in the past when charity was the expression, rather, of a desire that one's own comfort should be greater or one's own soul more sure of salvation, there was little possibility of building up a profession of charitable service. Moreover, when the ideals of the community were in any wise aristocratic, it was perhaps impossible to hope that the relationships between those who need and those who have should be otherwise than aristocratic. In these later times, however, when the question which was answered by the Master in the parable of the Good Samaritan, "Who is my Neigh-

bor?" is more and more puzzling the sensitive soul, and when those who have, ask, not only that they may be allowed to share their abundance, but that they may so share as to be sure that the comfort which they receive from their generosity may not be fused with the suspicion of having done harm to the recipient, it has become necessary to develop what one might call a technique of neighborliness, a profession of charity.

That technique is gradually being worked out and has even been, to a considerable extent, formulated; and that profession, as has been said, is now recognized—at least by the establishment in this country of four schools of philanthropy, which undertake, not to turn out trained social workers, but to turn out social workers with one or two years of training, as the case may be. These schools are situated in Boston, New York, Chicago and St. Louis. The establishment of such professional institutions is possible only because there is a body of doctrine and of method which may be imparted by teachers to students. The educational principles underlying the curricula of these schools are therefore interesting, and those principles seem to embody the following points:

1. That the course should contain a certain proportion of what one might call theoretical training. This theory, however, is not the theory of social relationship, which the student is supposed to have obtained in his college courses, but is the theory underlying the technique of the profession.

2. With the courses in theory go experience in the field, analogous to the apprenticeship of the manual worker, or with the laboratory or clinical experience of the medical student.

The experience of these schools, in gradually formulating their courses of study and organizing the work for the one or the two year curricula, is not unlike the experience of law schools and of medical schools within the comparatively recent past. It is not very long since the law student secured his professional training, not at the law

school but by reading law and filing papers and doing jobs in connection with a lawyer's office. But even after a number of law schools had been established, effective training in legal technique was not developed until the Harvard Law School, under the leadership of Dean Langdell, invented and called attention to the so-called case method, which has been adopted by all of the great law schools, and is now the recognized method of successful instruction. It was after the law schools had developed a method of instruction agreed upon by the leaders of that profession that the medical schools, under the leadership of Johns Hopkins University, made it possible for medical students likewise to acquire their technique before they began to practice upon the sick, and now it is no longer common for a medical student to acquire his training by holding the doctor's horse or serving the doctor in the sick room in the absence of formal instruction. It is to be hoped that just as the law schools have successfully developed courses of study and methods of teaching, and have been able to accumulate an adequate number of case books to be used in the instruction of students in different courses; and as the medical profession has developed the method of the medical school, including class-room instruction, laboratory work, and clinical experience; so the new profession of social work will be able to go on in the direction in which it has already started, and improve its curricula in content and method, obtain teachers who are able to use the case method, secure the preparation of course books which will be adapted to the successful training of the students, and bring it about that no longer will this expression of human kindness and human generosity manifest itself in awkward and unskilled and ignorant attempts to serve the poor. The analogy between social work as a profession and nursing has not been pointed out because, while they are alike in many respects, they are unlike in this, that nursing is historically connected with two kinds of organization; one, that of the convent, the other, that of the military organization, in both of which a

severe discipline has prevailed. In social work, more like medicine and law, there is no such body of discipline available. This may be in many respects a loss, but is on the other hand in many respects a gain. At any rate, for our purposes we leave out of immediate consideration the likenesses between social work and nursing. However, in connection with all four professions, there is this common experience, that as the body of principles on which the technique of the profession rests become more definitely formulated and more universally accepted, as more and more persons are subjected to the training which is now recognized as necessary for the practice of these professions, as more and more the mind can be taken from the technical problems and devoted to the human problems, a body of what one might call professional ethics will be developed. In the case of the law, an illustration of this code is to be found in the privilege which prevents the lawyer from being subject to a duty ever to reveal secrets which come to him in a professional relationship; not only must he not betray these confidences in ordinary intercourse, but he cannot be compelled, even under legal pressure, to betray such confidences. In the same way the doctor has come to regard the secrets of the bedside, all of those facts which come to him in connection with his service to the patient, as absolutely confidential. Not more careful is the priest to conceal all secrets and confidences of the confessional than are the lawyer and the doctor with reference to their respective employers. No such rcognition of professional duty exists in the profession of social work. It is not uncommon to hear at the table in social settlements, or in groups of social workers, discussions of the details of cases which have come to the atten tion of the speakers through their professional activities. It is also often true that in the offices of charitable societies there is no adequate provision for the private interview of the applicant for aid. It may be that members of the nursing profession who are likewise engaged in social aspects of their profession, such as visiting nursing, tuberculosis nurs-

ing, infant welfare nursing and other such social lines, are never guilty of such practices, and it may be that in the offices of the various associations, there is adequate provision for private interviews and private conference. The present writer has no body of knowledge which would justify a judgment on this point, but she does know that among many charity visitors, protective officers and other social workers, the practices to which she refers are not uncommon. That this is true would be a severe indictment of the devotion and intelligence of the social worker were it not to be explained by the grade of development at which the profession now finds itself—just emerging into a situation in which it can claim an opportunity for training, a recognized body of social principles, a fairly definite body of customs, and a small group of able and trained members. It is surely to be hoped, and to be expected, that, with the zeal and devotion which characterize those who are at present in these lines of activity, the day on which a finer sense of their ethical relationships will be fully recognized is not far distant.

It is not out of place to ask, if social work is thus a profession, what are the desirable characteristics? No attempt could be made to answer this with finality, and yet attention may be called to the fact that the problems of social work are perhaps the most difficult problems which can confront any serious student. The practice in the case of the simplest appeal for help calls upon the worker for great ingenuity, for fine balanced judgment, for a high sense of the value of evidence, for very calm and dispassionate observation of the facts, for the keenest sympathy and the largest patience. It is, therefore, true that no one who feels any doubt as to the interest and the claim of the profession should contemplate entering upon it. The advice to be given the young person contemplating social work as a profession is not unlike the advice given by the president of a woman's college to a young woman asking advice with reference to a proposal of marriage. "If," said the wise

leader, "you can refuse your suitor, by all means do so. Never marry any man so long as you can possibly refrain from marrying him." This advice was given, not because the president undervalued the experience of matrimonial life, but because it was to her so noble and dignified that she felt that no doubting person should enter upon it. Those who are now responsible for the training and the selection of young social workers feel very keenly that the "intelligent elimination of the unfit" is at the present time one of their most important duties; that a fine and noble attitude of mind, a very definite ability and calm judgment should characterize everyone admitted to this new profession.

Organization of a Visiting Nurse Association in a Small Town

Mary S. Gardner

There are few communities which do not need a visiting nurse. As yet, however, the demand has almost never come from those who need her services.

If it be a city or town, the impetus usually comes from those within the community itself who, though they may not expect to profit from the new venture, yet see for themselves its advisability. If it be a village or rural district, this impetus sometimes comes from a chance summer visitor or from those who, for one reason or another, feel some personal interest or responsibility for the welfare of the people.

The former situation is a simple one. Those interested are on the spot. They know or can usually ascertain the facts as to the actual situation and a feeling of responsibility and continued interest may be expected from them.

When, however, all interest in the project comes from without a more artificial and less natural situation exists. Here there is danger that the work will not be started on a permanent basis; that the financial responsibility will rest with a single individual, or at best with a small group of people, whose interest, because of absence, or the weight of nearer responsibility, may wane; or that the nurse will not be placed to the best possible advantage geographically.

These dangers are not mentioned with an idea of discouraging any one sufficiently interested to consider the starting of such work, but only that due attention should be given to consideration of methods and means, and that every effort should be used to interest the more intelligent people of the locality itself in order that a sufficient permanency may be assured to avoid the cruelty of the

withdrawal of the nurse just as the sick have learned to count on her skilled services.

Whether those interested belong to the place itself or have gained their interest in some other way, they would do well to make their first step a visit or a letter to the nearest well-organized visiting nurse association, or to the National Organization for Public Health Nursing, or the National Red Cross Society. The nearby association, if a good one, will probably have some intelligent knowledge of local conditions, while the National Organization for Public Health Nursing is always glad to assist in any way possible, with advice or counsel. From the Red Cross Society small towns and rural communities have the great advantage of obtaining administrative assistance in addition to such advice.* In any event, however, the real work of preparing the ground and supporting the nurse must rest with those locally interested and success will perch upon their banners only as they are able to arouse a general public interest in the undertaking.

It is human nature to be more interested in the things we have ourselves helped to create, therefore the start is important.

It is usually well for those interested to gather together a small group of people, not more than ten or fifteen, representing the various interests of the community. At least one good doctor should be of the number, representatives of the Catholic and Protestants churches, and also of the Jewish people if this is an important contingent in the community, a public school teacher, a man connected with the city or town council, some one doing other social work, and more than one member of the group of people from whom the financial support must inevitably come, together with such others as may readily suggest themselves.

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*The Red Cross Town and Country Nursing Service upon application from organizations fulfilling certain conditions will appoint Red Cross visiting nurses, maintaining a general supervision over the work, without in any way assuming local responsibility.

These people should be asked to meet for the purpose of considering the advisability of establishing a visiting nurse, and great care should be taken that the meeting be thoroughly representative. If the first doctor asked cannot promise to be present, see that another good physician takes his place, and the same with the school teacher, priest, minister, social worker, et cetra. This is not easy, but personal visits, notes and much telephoning can usually accomplish it.

It would be wise to ask the superintendent or a well selected nurse from the nearest good visiting nurse association to come prepared in a short talk to explain the work of a visiting nurse, the general principles of such work and the need and value of it in other places. This speaker should be a nurse, herself actually engaged in visiting nurse work, because she should have such intimate knowledge of detail as will make it possible for her to answer all questions from a first hand knowledge.

After the purpose of the meeting has been set forth and the nurse has spoken, discussion of the fullest kind should be encouraged. Objections should be courteously met and explanations carefully given, for it is for this purpose that the meeting has been called. The idea will probably be new to some of those present, and the expense of the undertaking will seem great.

At the end a vote may be taken as to the advisability of the establishment of a visiting nurse association. If the vote is affirmative, a small committee may be appointed to take further steps. Time will be saved if this committee is empowered, not only to call another meeting, but also to make nominations for future officers, if it is decided to form an association. This small committee can proceed in several ways as may best meet the needs of the locality.

In small towns it is often desirable to call what really amounts to a mass meeting, to be held in the town hall or some public school building. Usually a church, no matter how convenient, should be avoided. If the work is to be

non-sectarian, it should so impress the community at large from the start.

It must be realized that the success of this general meeting will depend upon the amount of work put into its arrangement. It must be carefully and personally advertised and made as representative of the various interests of the community as possible. The temporary chairman should, as a rule, be neither a minister nor a doctor, though, of course, this general rule would admit of exceptions and it must never be forgotten that the success of the work will depend largely on whether or not the medical profession is interested in it.

The meeting should be opened by a report of the findings of the committee as to the desirability of forming a visiting nurse association and a clear outline of the probable expense, et cetera, given. Then should follow an account by a good visiting nurse imported for the occasion of what visiting nurse work is, what it means to the individual patients and their families, and what preventive work has been accomplished by the nurse elsewhere. After this time should be given for free discussion of the project and a vote taken as to the formation of an association. If it is so voted, the nomination of officers and directors may be read and voted upon.

Sometimes it has been considered wise to take pledges for support or make enrolment of members at this meeting in order to strike while the iron is hot. Also in some places it is found desirable to have music, possibly singing by school children, or some other so-called "popular feature." These, however, should not be allowed to interfere with the real object of the meeting and should be of a dignified nature suitable to the inauguration of a serious undertaking. Sometimes some man of political importance, such as the Governor or Mayor, may be induced to open the meeting.

I know of one small suburban town where all these things were used to advantage, the Governor of the State, a band of music, a company of the militia, the boy scouts and

a hundred school children to sing. A large meeting of all the townsfolk was in this way obtained, and the work started with so considerable a flourish has been well supported ever since.

After this meeting the regular work of the Association begins. The child is born, but without care it will quickly die. Membership in the association may be conferred on those who give to its financial support, or, as is customary with some hospitals, there may be a large enrollment of membership voted in by the Board because their backing and moral support are desired. They may or may not contribute financially. In the smaller places the former method works well, although in some instances membership may be conferred on an individual who is unable to contribute in money, but whose contribution of time or interest is equivalent to or far exceeds in value the usual annual dues. All members have a vote at the annual meeting.

There are two ways of administering the affairs of an association—through a small board, meeting frequently and regularly, or by means of various committees of a larger board. Both methods have their advantages. Greater responsibility is thrown on each individual of the smaller board and as a rule responsibility develops the individual.

There are a number of well managed associations, having a board of from ten to twenty members. These boards meet monthly, transacting all business, guiding all policy, and holding themselves responsible for the financial status. In many of them there is but one standing committee, called usually the Nurses' Committee, or the Committee on Supervision of Nurses. This committee, usually composed entirely of women, meets once a month, sometimes oftener, going over with the nurse each detail of her work, and out of the fullness of this intimate knowledge making recommendations to the Board.

Of course temporary committees are constantly appointed, nominating committees, committees to arrange for annual meetings, and the printing of the annual reports, as

well as special committees to deal with unusual situations either of a financial or administrative nature. If the town has no relief giving agency to whom the nurse may turn for material relief for her patients, a committee on relief is desirable, who may apply themselves to the study of approved methods of dealing with that most difficult of all problems. This committee, however, should only exist if there is literally no other agency to do the work, for it has been found everywhere that the nurse's position is stronger if the patients do not look to her in any way for material assistance. Members of committees need not necessarily be members of the Board, though it is well that the chairman should be so in order that committee reports may be given at Board meetings.

It has sometimes been felt that the administration of a visiting nurse association should rest in the hands of women because nursing is essentially a woman's work. This might have been true in the earlier days of the movement when nursing of the sick alone constituted the duty of the nurse, Now, when the work is so much more complex and when co-operation has been so highly developed, even in the smaller places, as to involve the association in an incalculable number of issues undreamed of before, we can ill afford to do without the judgment and experience of both men and women. The point of view is inevitably different and both angles are valuable.

As regards finances, it is impossible to make suggestions which will be appropriate to the general varying local situations. One general rule, however, may be laid down. The greater the education of the people to the real need of the nurse, the greater the financial strength. Perhaps the simplest or most direct means of getting money is through the annual dues of a large membership. This support may in the main be counted on, as individuals have usually become members because they believe in the work of the association. With the use of such means as fairs, bazars, charity suppers and dances, tag days, whist parties, plays,

et cetera, other reasons for giving enter in, and the whole amount of the sum so donated does not find its way into the treasury, as expenses are usually deducted. Also these means of getting money are considered by those who have studied the question undesirable from various points of view. Those making small purchases at fairs and bazars are apt to consider that they have given sufficient support to the work and will feel no further responsibility; while the dances and card parties have in their very nature elements of danger unless most carefully managed. Tag days, though a more direct means of giving, require that much time and thought be spent on them if they are to be really educational and not irritating in their effect on the community, and only those genuinely and intelligently interested in the work should be allowed to solicit.

The question of a town or city subsidy is a mooted one. In some places it has certainly worked well, no string being attached to the gift. In others it has been found that the freedom of the association in attacking abuses has been interfered with by the fact that its existence depended in a measure upon the pleasure of the town council.

Sometimes, if the occupation of the locality be manufacturing, substantial support may be furnished by the mills, the proportion each one gives being in accordance with the number of hands employed.

Again small clubs, churches or stores may make themselves annually responsible for a certain sum, which arrangement may be made interesting to them by the publication in the local papers of their responsibility for a given time for the support of the nurse, say for a day or a week or a month.

Nothing, however, should be allowed to interfere with the principle that those of the patients who can do so should pay for the nurse's services according to their means, the highest amount charged being the cost price of the visit, all overhead expenses being taken into account. The only exception to this rule should be cases for whom indirect

payment is made through insurance companies, fraternal orders, benevolent associations or other co-operative associations, or whose care is paid for by their employers or others. Where there are policyholders of an insurance company which undertakes to give their people a nursing service, arrangements can almost always be made with the company to furnish this service at cost, the company paying this amount to the association on a visit basis.

When, however, all these sources of income have been considered, there is usually a difference of several hundred dollars between the estimated income and the estimated expenditure and it is the meeting of this situation which constitutes one of the principal responsibilities of the Board of Managers. No association need be afraid to start the work if it has the money to meet the running expenses of the first six months, provided the nurse engaged, who may be leaving an assured position, understands the exact financial status. As a rule the reports of what has already been accomplished and the fact that the nurse is actually at work tend to bring in funds as no roseate promises of the future succeed in doing. It is rare, indeed, that a nurse, once started, is given up for financial reasons.

So far we have dealt only with the work which has been started in what may be called the legitimate way, i. e., with a visiting nurse association as the administrative power. This, I think, should be the ultimate form of administration unless unusual conditions exist, for the work is too highly specialized to allow development to the fullest extent possible if it is carried on as a branch of some other activity. Often, however, the fear of too hastily forming another organization in a community perhaps overstocked with associations or societies will make the starting of the nurse by some already existing agency seem wise. Also in a small place where leaders are few it sometimes seems absurd to start a new enterprise with exactly the same people who already hold similar positions in a club or society which might possibly take up the work, as, for instance, a civic

club, congress of mothers, or other society with a broad program of activity. In every instance, however, one thing should be borne in mind, that a special committee should be appointed whose sole responsibility will be the nursing work, and who will expect to give both time and study to the question of its development. This committee will be the best judge as to whether the work is strengthened or weakened by its connection with the parent body, and when the time is ripe, will be able to affect a separation without loss of continuity of method.

The Town Poor Department should not inaugurate the work as in its very nature it would then be limited to the very poor. And for this reason it is not usually best to have nurses connected with a charity organization in spite of the obvious convenience of such an arrangement. Though the more enlightened realize that the societies for organized charity do as much preventive as alleviative work, they are relief-giving agencies and those able to pay for nursing care hesitate to employ nurses working under their auspices.

A hospital should only send out its pupil nurses for visiting nurse work if it is able to arrange for careful supervision. No busy superintendent of nurses is able to give this in addition to her hospital duties. Unless, therefore, a salary is forthcoming for a good graduate nurse with district training or experience, who will be able to give her entire time to this work, and who will keep in touch with advancing methods elsewhere, a hospital had best not undertake it in fairness both to the pupil nurse and the patients.

There is one situation always a little difficult to deal with in starting a visiting nurse association for one hesitates to seem ungracious, by failing to fall in with a donor's own way of giving. Sometimes a single individual will wish to give the salary of a nurse and will not care to be "bothered with the red tape of organization." This is to be deprecated except as a very temporary experiment. General public interest is not aroused; permanency and de-

velopment are not assured; and the check of more than one opinion is not placed upon methods of work. Also there is danger that the "lady bountiful" atmosphere may pervade the whole, an atmosphere which interferes with healthy growth. If any one person wishes to place a nurse in the field, I would make two suggestions: First, that they do not pay the entire salary, but only a portion of it, the first half at least being raised by the usual means, and, secondly, that they associate with themselves that saving grace, a committee, each member of which would share equally in the responsibility of the undertaking. Should, then, the work increase so that more than one nurse were needed, the question of additional funds could be met by this committee and the work would then avoid the danger of being limited by the ability of one person to support it. In this, as in all other methods of starting the work, future opportunity and development should be borne constantly in mind.

Though not perhaps in place in an article on the organization of visiting nurse work, I cannot refrain from speaking of the great importance of selecting the right nurse. No matter how perfect the organization or how splendid the board of managers, the nurse is and must always be the actual point of contact. Successful development will depend on her ability, not only to do the work, but to so see it and so present it as to rouse and keep the intelligent interest of the board, and, through them, of the whole community. No novice in visiting nurse work can do this. Large associations can, perhaps, afford to place nurses without special visiting nurse training in subordinate positions to work under thoroughly trained visiting nurses; but the small town or rural district must have a nurse with at least visiting nurse experience, if not special training, and inquiry of the most searching kind should be made as to her powers and abilities, not merely as a woman and a nurse, but as a woman and a nurse and a visiting nurse.

It is to be hoped that in thus considering in detail the many points connected with starting a visiting nurse associa-

tion no note of discouragement has been sounded. I know of no other work which meets with so ready a response to its call for help throughout the length and breadth of the country, or any where grateful appreciation can be more counted upon to keep up the spirits of the workers. A good board of managers and a good nurse have been known to form so strong a unit as to practically change conditions in a few years in a community by no means unusual for its progressiveness. Surely if such opportunity offers, there is no room for discouragement.

In closing let me urge three things upon those who are thinking of starting visiting nurse work; first, that they realize that really important work lies before them which can in no wise be done vicariously through their nurse, but to which they, themselves, must expect to give of their best, for no nurse, be she Florence Nightingale herself, can work successfully unsupported. Secondly, that they must enter upon it with minds hospitably inclined to new ideas, new methods, new development. So young a movement must not be crippled by being limited in its growth by any rigidity of pre-conceived ideas. Thirdly, that they must never lose sight of the fact that they are not an isolated group of people working alone for better health in their own locality, but that they are part of a great army fighting all over the country against the selfsame powers of darkness, and that the strength of the whole is also their strength.

Dietetics in Italian Tenements

Winifred Stuart Gibbs

Supervisor House Economy Work, New York Association for Improving Conditions of the Poor; Assistant in Household Arts, Teachers' College, Columbia University.

The home economics worker who is using her specialty in social work has many problems confronting her, but there is perhaps none more complex than that of the Italian dietary. A placidly, happy and moreover, devotedly fond Italian mother beams at one from liquid eyes, murmuring "Baba no sick—baba nice." This could make a pleasant story were it not for the fact that the "nice baba," perhaps a toddler of three, is wabbling unsteadily about on legs that are beginning to curve, and other evidences of a faulty diet are to be seen.

Before attacking the problem the dietetian seeks advice from many sources and receives it in such vast and withal, contradictory quantities, that the task of choosing is no easy one.

"Let the Italians alone," says one social worker. "They have a home life of high standards and a diet rich in energy." To this the dietitian replies: "So they have, but in spite of both of these truths, the children are prone to anaemia and the adults to tuberculosis."

Again, an economist says: "Why grow gray over the home budget of an Italian? They are notably frugal, living on simple food and often putting money in the bank."

"Quite true," answers the harassed home economics teacher, "but a satisfactory home budget involves something besides the absence of a deficit. If there be a full bank account and a depleted health account, what doth it profit?"

Teaching then falls into the following:

Simple knowledge needed in order to be certain that children are in good health.

Character of food needed to build up and maintain this state of health.

Analysis of typical Italian dietary in order to show deficiencies.

Presentation of Americanized dietary with deficiencies corrected.

Preparation of food.

Two years ago this very scheme of instruction was used as a basis for an exhibit at the Italian neighborhood Child Welfare Exhibit in lower Manhattan.

A dietary for a child of twelve was worked out at a cost of twenty cents per day. The breakfast was the inevitable "bread and coffee;" the other two meals presented an abundance of caloric values, but because of complexity of combinations the dishes were such as to prove a real tax on digestion.

The American substitute was of identical food value but cost five cents more. Moreover, this food value of the Italian menu was theoretical only, with far too little attention to a strict assimilation.

With the two sets of meals, actually cooked and on exhibition, went placards in Italian explaining and comparing. Great care was taken to respect national prejudices. The points brought out were as follows:

Substitution of cocoa shells for coffee—pleasure.

Introduction of cereal.

Separation of one elaborate dish into three simple ones.

Use of oil on salad instead of in frying.

Introduction of milk.

Great care should be exercised to avoid any suspicion of harsh criticism, as the Italians are very sensitive.

One of the points spoken of—the use of milk—is most important, and the writer has found it of service to use leaflets like the following:

MILK LESSON

Milk is the best food for nursing mothers.
Milk is the best food for the weaned baby.

Milk is the most necessary food for children.
Milk is a cheap food.
Milk when clean is a safe food.
Milk makes muscle.
Milk has no waste.
Milk requires no cooking.
Milk is a good food for the sick.
Milk is the best food from infancy to old age.
Milk can be used for the making of many dishes.
Milk is a better and cheaper food raw, than condensed milk or any patent food.
Milk is easily digested.
Milk is the most valuable food for general use in the home.

ITALIAN

Il latte, è il migliore cibo per la madre ohe dà allsttare un bambino.
Il latte, è il cibo più necessario per i fanciulli.
Il latte, è un cibo a buon mercato.
Il latte, quando puro è un cibo sicuro.
Il latte, fa muscoli.
Il latte, è un cibo buono per i malati.
Il latte, è il migliore cibo dall' infanzia fino alla vecchiaia.
Il latte, puè essere usato preparare molte vivande.
Il latte, è il migliore e pit a buno mercato cibo quando è crudo che latte condensato o qualunque cibo patentato.
Il latte è il cibo più necessario per l'use generale nella casa.

For general teaching, the writer prepared the following leaflet, the translation into Italian being made by a well known Italian physician:

NORME IGIENICHE PEI BAMBINI

IL LATTE CONSIDERATO COME ALIMENTO PEI BAMBINI

Uno dei migliori alimenti pei bambini è il latte puro e pulito.

Esso non costa caro e dovrebbe formare il principale nutrimento del bambino fino all'età di due anni.

E' molto necessario comprare il latte in bottiglie pulite e conservarlo pulito in casa.

(Ritorneremo in seguito su questo argomento).

PERCHE IL TE' E IL CAFE' SON NOCIVI AI BAMBINI

Abbiamo già dimostrato come ogni cibo dovrebbe servire a rendere sani e robusti i fanciulli.

Il tè ed il caffè ci fanno sentire forti per pochi momenti, ma in realta non accrescono nulla alle nostre forze. E se l'effetto di queste bevande non nuoce spesso agli adulti, è sempre pericoloso pei fanciulli, i quali non solo non acquistano nuova forza, ma perdono gradatamente quella che hanno.

Il tè e il caffè indeboliscono i nervi dei fanciulli, tolgono loro il sonno, li rendono inquieti, fanno apparir loro difficile lo studio, il lavoro ect.

E' importantissimo quindi proibire completamente ai fanciulli l'uso di queste bevande, se non vogliamo vogliamo crescere deboli e malaticci.

NORME DA RICORDARSI RIGUARDO ALL'ALLIMENTAZIONE—SCOPO DELL'ALIMENTAZIONE

L'alimentazione generalmente dovrebbe renderci robusti, mantenerci caldi e pronti sempre al lavoro.

Il cibo che si dà ai fanciulli dovrebbe anche essere atto a formare ed a sviluppare il loro corpo.

Alcuni cibi contengono più valore nutritivo di certi altri: però nel preparare i pasti non dobbiamo mettere insieme molte materie sostanziose, perchè spesso va perduto l'effetto di esse.

Cosl per esempio, non è giusto cuocere ad una volta carne, formaggio, fagiuoli e maccheroni, ma invece la carne sola, e i fagiuoli o la pasta col formaggio separati.

Questo metodo è da preferirsi tanto più pei fanciulli, i quali non hanno lo stomaco capace di digerire cibi molto pesanti.

Le verdure mentre sono utilissime per gli adulti, riescono dannose pei bambini ed è bene quindi non darne loro mai.

Ricordiamoci infine che se il cibo dato ai bambini non è atto ad aiutare in molta parte lo sviluppo del loro corpo, noi non avremo mai uomini e donne forti.

SALSAMANTERIE

Certe volte, quando siamo molto occupati, andiamo alle salsamanterie e compriamo da mangiare cibi già preparati.

Questo non è ben fatto, specialmente perchè molti di que i cibi come ad esempio, certi salami, le torte, i salsicci, i cetrioli, le patate ad insalata ed altro, danneggiano lo stomaco (quello dei fanciulli particolarmente) senza dare alcuna sostanza.

Se pensiamo poi che le persone che cuciuano que i cibi, ci fanno pagare per il tempo che occupano, ci accorgeremo che è anche molto più economico il comprare ciò che meglio crediamo e cucinarlo da noi stessi.

CIBI TENUTI IN LUOGHI SPORCHI E POLVEROSI

La polvere e la sporcizia con tengono quasi sempre piccoli esseri viventi che nuociono al nostro organismo.

E' necessario quindi che noi compriamo i nostri viveri in posti dove son tenuti puliti per non incorrere nel pericolo di danneggiarci la salute.

La roba che si vende sui carretti-ambulanti o in altri locali esposti all'aperto, contiene senza dubbio della polvere.

Se ci capiterà dunque di comprare cose da mangiare in tali posti usiamo almeno i seguenti rimedii:

1. Se sono frutti da mangiarsi crudi, dobbiamo togliere la buccia.

2. Se sono vegetali dobbiamo togliere la pellicola se è possible come nei pomidori, o trattandosi di lattughe, scarole, spinaci e simili, dobbiamo lavarli ripetutamente e bolliri allo scopo di uccidere i piccoli insetti che—come abbiamo già visto, si trovano mescolati alla polvere.

3. Non dimentichiamo mai che la miglior regola per mangiare cibi puliti e sani, è quella di lavare e bollire tutto quello che non si può sbucciare.

CIBO CONSERVATO IN CASA

Se dopo d'avar comprato cibi puliti in posti puliti li conserviamo a casa in una cucina sporca, ci faranno male lo stesso.

ALCUNE REGOLE PER CONSERVARE IL CIBO IN CASA

1. Tenete la cucina con gli scaffali e gli armadietti sempre puliti.

2. Lavate con acqua bollente e soda i piatti dove usate conservare i cibi cucianti, in maniera che si mantengano pulitissimi e senza alcun cattivo odore.

3. Conservate sempre i cibi in luoghi freddi e se non aveste una delle solite ghiacciaie, ricordatevi che una scatola di legno tenuta fuori a qualche finestra può fare lo stesso ufficio.

4. Non tenete il pane vicino ai letti o vicino a panni che indossate; nè lo fate toccare da persone che abbiano le mani sporche.

E quando i bambini vi chiedono una fetta di pane col burro, mandateli prima a lavarsi le mani acciocchè non lo sporcassero.

5. Siate speciamente attenti a tenere il latter in bottiglie o vasi pulitissimi.

Dopo che avrete tolto una porzione di latte dalla bottiglia o da qualunque altro recipiente, non lasciate asciugare quel po' che è rimasto attaccato all'orlo, perchè appena quella piccolissima porzione si sarà inacidita, guasterà anche il resto che c'è nella bottigila.

A tal proposito, converrà assai meglio togliere tutto il latte dalla bottiglia, lavarla benissimo, risciacquarla due o tre volte e rimettere il latte turandola bene.

Acciocchè la bottiglia fosse ben preparata, converrebbe, appena tolto il latte metterla in una casseruola piena d'acqua fredda e lasciarla bollire per dieci minuti almeno.

NUTRIMENTO DEL BAMBINO

Sempre Che è Possible Allattate il Vostro Bambino

Se ciò non fosse possible, il bambino deve essere cibato molto regolarmente ed il latte da darsi, deve essere preparato secondo la prescrizione del dottore.

Se per qualche speciale ragione, ne, non poteste vedere subito il dottore, preparate temporaneamente il latte nel modo seguente:

1. Togliete 8 once del primo latte d'una bottiglia d'un quarto.

2. Aggiungete 11 once d'acqua bollita semplicemente o con un po'd'orzo.

3. Aggiungete un'oncia d'acqua di calce e due cucchiai e mezzo di zucchero di latte.

Questa mescolanza vi darà dieci dosi di 2 once l'una.

PREPARAZIONE DELLA BOTTIGLIA

1. Lavate bene la bottiglia con acqua calda e sapone.

2. Mettetela in una casseruola piena d'acqua fredda e fatela bollire per 10 minuti.

3. Fatela raffreddare; versatevi il latte con un imbuto pulito e turate la bottiglia con un turacciolo fatto con cotone sterilizzato e mettetela in un luogo freddo.

Preparate così il latte di mattina e fatene in quantità sufficiente por tutta la giornata.

CIBO PEI BAMBINI DOPO LO SPOPPAMENTO

Fino ai 16 mesi si dovrebbe cibare il bambino nelle seguenti ore:

alle 7.30.
alle 11.30.
alle 2.30.
alle 5.30.

Alle 7.30 gli si dovrebbe dare un po' di semolino con pochissimo zucchero e un bicchiere di latte.

Alle 11.30 un'altro po'di semolino e latte.

Alle 2.30 un uovo appena bollito, o un po' di brodo con una fettina di pane e burro ed un pochino di riso bollito o di crema.

A cominciare dai 16 mesi fino ai 24 mesi, il bambino potrebbe avere oltre al sudetto cibo, anche un uovo di più al giorno, un po di pane e burro e due cucchiai da tavola di patate bollite o infornate con un po' di sugo di carne arrosto.

A cominciare dal secondo anno, o anche prima, è bene dargli tre cucchiai al giorno di sugo d'arancia.

CIBI PER RAGAZZI ETA' MAGGIORE

Raggazi oltre i 2 anni, possono mangiare:

1. Purè di legumi ben cotti.
2. Latte e uova.
3. Cocoa can latte.
4. Brodi sgrassati.
5. Carne bollita (senza grasso).
6. Purè di vegetali.
7. Frutti ben cotti.
8. Semplici torte di riso o qualche po' di crema.

A dietitian will easily see that the main point of attack should be the children's food. No doubt the adults do thrive on the national diet, although many of them succumb to the rigors of our climate. Quite certain is it, however, that the children do not thrive on the diet of the Italian peasant, and we shall be giving good service in the fight against tuberculosis if we Americanize the diet of children in the Italian tenements.

The writer is fortunate in having as assistant Miss Emma D. Carter, who before her training at Columbia College lived in Italy, and knows the Italian language and temperament sufficiently to enable her to achieve really brilliant results.

For example, a "white wing" with good wages let his wife apply for aid simply because his vanity demands six dollars a week in fine raiment.

Kindly talks through the wife, expostulation, and finally dire prophecies of impending disease of the children produced no effect. Miss Carter, with a few words of Italian reduced the man to six feet of smiling submission. This family stopped begging and the children are now eating proper food. The psychology of this question is most important.

GOOD ITALIAN MENU AFTER SOME INSTRUCTION

Monday

1 bottle Milk	$ .08
1 loaf Bread	.05
Butter	.05
1 lb. Meat	.18
S. Greens	.05
1 lb. Macaroni	.08
	$ .49

Tuesday

1 bottle Milk	$ .08
1 loaf Bread	.05
Butter	.05
Eggs	.25
2 lbs. Sugar	.10
Potatoes	.10
	$ .63

Wednesday

1 bottle Milk	$ .08
1 loaf Bread	.05
Butter	.05
Cake	.05
Cabbage	.10
Oil	.10
1 box Tomatoes	.10
	$ .53

Thursday

1 lb. Meat	$ .24
½ lb. Macaroni	.05
1 bottle Milk	.08
Bread	.07
Butter	.05
Onions	.05
Oatmeal	.10
	$ .64

Friday

1 lb. Beans	$ .08
1 bottle Milk	.08
2 lbs. Lard	.32
Slat	.05
Bread	.07
½ lb. Coffee	.13
1 box Cocoa	.10
	$ .83

Saturday

½ lb. Cheese	$ .17
1 bottle Milk	.08
1 loaf Bread	.07
Butter	.05
Cabbage	.10
Potatoes	.05
2 pieces Soap	.18
1 lb. Rice	.08
1 box Soapine	.04
1 piece Soap	.05
	$ .87

Sunday

Milk, Bread and Cake	$ .13
Meat and Macaroni	.32
Tomatoes	.11
	$ .56

Total

Monday	$ .49
Tuesday	.63
Wednesday	.53
Thursday	.64
Friday	.83
Saturday	.87
Sunday	.56
	$4.55

TYPICAL ITALIAN CASE

Family of Father, Mother and Six Children—

Rent $14.00

Income .....$3.00 to $7.00 a week

Father gives all the earnings to his wife.

DIETARY BEFORE INSTRUCTION

Breakfast—Bread, milk and coffee.

Dinner—Macaroni, lentils, rice, beans, cabbage.

Supper—Peppers, potato and tea.

(All the family drink tea.)

Cost of bread per day, 2 large loaves, 8c.

One child of 18 months, convalescing from pneumonia.

Plan of Work—To teach the mother special diet for the baby and general instruction for the other children.

First Lesson—Cocoa.

Second Lesson—Baked apples, rice and cheese, prunes, oatmeal.

Third Lesson—Baked bananas, beef soup, coddled eggs.

FOOD BUDGET AFTER INSTRUCTION

Monday—

Food	Amount	Cost	Calorics
Bananas	2 lbs.	.10	920
Rice	½ lb.	.02	815
Butterine	¼ lb.	.07	901
Oatmeal	½ lb.	.03	930
Cheese	¼ lb.	.06	541
Apples	1 lb.	.10	290
Lentils		.04	810
Sugar	½ lb.	.03	930
Bread	2 loaves	.10	1262
Suet	1 oz.	.01	221
Milk	2½ qts.	.18	1350
Cocoa		.01	217
Potatoes	2 lbs.	.04	880
Cornmeal	1 lb.		1645
		$ .79	11712

Tuesday—

Bread	2 loaves	.08	1262
Cocoa		.01	217
Oatmeal	½ lb.	.03	930
Hominy	½ lb.	.03	825
Apples	1 lb.	.10	290
Cheese	¼ lb.	.06	541
Codfish	1 lb. salt cod	.10	410

Butterine	¼ lb.	.13	901
Milk	2½ qts.	.18	1350
Sugar	½ lb.	.03	930
Eggs	9—1 lb.	.15	765
Prunes	1 lb.	.10	370
Milk	½ qt.		337
		$1.00	9128

Wednesday—

Food	Amount	Cost	Calorics
Bread	2 loaves	.08	1262
Potatoes	2 lbs.	.04	880
Butterine	½ lb.	.09	901
Lentils	½ lb.	.04	810
Sugar	½ lb.	.03	930
Milk	2 qts.	.14	1350
Split peas	½ lb.	.05	926
Bananas	2 lbs.	.10	920
Bacon	2 oz.	.03	349
Cocoa		.01	217
Oatmeal	½ lb.	.03	825
		$ .64	9370

Thursday—

Farina	½ lb.	.03	822
Milk	2½ qts.	.14	1350
Sugar	½ lb.	.03	930
Bread	2 loaves	.08	1262
Braised Beef	2 lbs.	.14	1430
Potatoes	2 lbs.	.04	880
Rice	½ lb.	.02	815
Onions	2 lbs.	.06	450
Butterine	¼ lb.	.09	901
Cocoa	1½ oz.	.01	217
Cornmeal	1 lb.	.03	1645
Prunes	1 lb.	.10	370
		$ .77	11072

Friday—

Rice	½ lb.	.04	815
Milk	2½ qts.	.14	*1350
Lentils	½ lb.	.05	810
Salmon	½ lb.	...	457
Potatoes	2 lbs.	.04	880

Bread	24 oz.	...	1262
Sugar	½ lb.	.03	930
Butterine	4 oz.	.09	901
Cocoa	1½ oz.	.01	217
Tapioca	¼ lb.	.05	412
Prunes	1 lb.	.10	370
Cheese	¼ lb.	.06	541
		$ .61	8945
Saturday—			
Prunes	1 lb.	.10	370
Cocoa	1½ oz.	..	217
Butterine	¼ lb.	.09	901
Bread	24 oz.	.08	1262
Milk	2½ qts.	.14	1350
Eggs	1 lb.	.15	765
Soup meat and reg. Juice	2 lbs.	.15	240
Cornstarch	3½ lbs.	.01	50
Cornmeal	1 lb.	.03	1645
Cheese	¼ lb.	.06	541
Milk	1 qt.	.04	337
Sugar		.03	930
		$ .88	8608
Sunday—			
Bread	24 oz.	.10	1262
Milk	2½ qts.	.14	1350
Butter	4-8 oz.	..	901
Split Peas	16 oz.	.05	1872
Sugar	8 oz.	.03	930
Corn Meal	16 oz.	.03	1645
Prunes	16 oz.	.10	370
Cocoa		.01	217
Coffee		.03	...
Bacon	2 oz.	.03	349

The Organization of Charity

Mary L. Shepard

Associated Charities, Cleveland.

Charity is applied love to one's fellow beings in misfortune and distress and has for six thousand years found its expression in definite, tangible, permanent form alone among those peoples to whom has been given the revelation of an over-ruling Providence in the person of the Jehovah of the Jew, and the God of the Christian. Marvellous though the practical and ethical teaching of the pagan writers, and the prophets of the Buddhist, Confucian or Mohammedan religions may be, we look in vain among their followers for hospitals for the sick in body or in mind, for tender care of dependent little children, for agencies for the relief and uplift of those with whom the world or their own selves have dealt harshly, or for indications of the spirit which understands, and hopes to cure because it understands, the bodily, the mental, the moral ills of the unfortunate.

The Old and New Testaments,, however, are filled with the spirit of social righteousness. Job wonderfully expressed the understanding mind, and the hand and heart ready to do intelligent service, in the words: "Eyes was I to the blind, feet to the lame; a father to the fatherless, and the *cause that I knew not I searched out.*" The Psalms and Proverbs taught the duty of wise and generous giving. To love one's brother and care for him in trouble was taught side by side with the love of God, by Jesus of Nazareth. The Sermon on the Mount has been called the greatest social document ever written; and it was in the earliest days of the organization of the Christian church that the apostles set apart the order of deacons, whose first commission was to see that the relief daily distributed to dependent members should be regularly and justly apportioned.

In Europe for practically nineteen centuries after the Christian era, the church was the center of charitable activity. The clergy and the members of religious orders distributed alms, nursed the sick in hospitals and in their own homes, and gave the inadequate care then considered sufficient for the mentally afflicted.

England, during the Eighteenth Century and the early years of the Nineteenth, gave assistance from the public funds to poor people in so unwise and ill-regulated a manner that poverty, and its ugly offspring, pauperism, grew apace and made hideous blots on the social fabric.

In our own land, for the thirty years succeeding the War of 1812, the problem of poverty was comparatively simple. Its inhabitants were practically all of Anglo Saxon stock with a common language and standards. Work for the able bodied was plentiful, and the dependent aged and widows with little children were cared for by private individual benevolence and by societies especially organized for their needs. A few orphan asylums were built in the large cities and general hospitals, also in the cities, cared for the acutely sick.

The iniquitious English poor law was revised in 1834 and a considerable decrease of avoidable poverty resulted. In 1849 the problem of caring for the dependent immigrant being added to America's responsibilities, the first private general society for the investigation of the needs of poor people and their relief, was founded in New York City, under the rather cumberous but expressive title, "The Association for Improving the Condition of the Poor," and true to the great principle of its name, it is active and honored at the present time.

Through the efforts of Edward Denison, a clergyman working in London's East End, the first charity organization society in the world was established in that city in 1869. The years preceding its organization had seen in England and America the use of specialized institutions, of trained nursing in hospitals and in a small degree in the homes of

the poor, and of a quickened social activity on the part of the church. The primary object of the new society, like that of her daughter societies throughout the world, was to establish a central bureau, which should so co-ordinate the work of every local agency for social betterment that a person in need might be directed with as little delay as possible to the agency which could best deal with his particular need.

In 1877 the first charity organization society in the United States was founded in Buffalo, with the cities of Boston and New York falling quickly into line, and the close of 1913 has seen similar societies established in every large city in the country.

Now what should a thoughtful community require of a charity organization society other than to possess a knowledge of the charitable and social resources of the community, and to dispense such material assistance as shall be considered adequate and wise? It should require that its workers, in addition to the deepest sort of sympathy for suffering, be trained to secure knowledge of the exact facts in a particular case of need, a knowledge as exact and as complete as that of the physician who diagnoses a case of bodily illness; and that they shall know how to use every available resource, socially to cure the need. They must hold fast to the fundamental economic principle that the family, and not the individual, is the unit of society, and that thus, while considering the claims of each member of the family, they must likewise recognize their inter-relation and inter-dependence. They must place personal service, which shall help people out of misery, far above giving of alms in the old dole fashion, even as far as trained nursing service outvalues medicine. They must bear a worthy part in every wise movement for social improvement, for better housing conditions, for better school and factory laws, for more practical education of the children, for better care of the physically and mentally and morally unfit, for the assimilation and education of the immigrant, for the arousing and fostering of a deeper sense of civic righteousness. They

must have the open mind which sees the other man's point of view, which learns from him, and works shoulder to shoulder with him. They must inspire the strong men and women of the land with their own ever growing conviction, that poverty, like certain forms of disease, is not inevitable and not incurable; and they must exercise "that passionate patience which is content to learn, to serve, to wait, to fail at times, if in the end that which is done is well done."

The Red Cross Town and Country Nursing Service

Fannie F. Clement

In order that small towns, as well as the strictly rural sections of this country, might more consistently be included within the scope of the Red Cross Rural Nursing Service the name has been changed so that in future it will be known as the Red Cross Town and Country Nursing Service, and the nurses as Red Cross visiting nurses.

Mrs. Whitelaw Reid long identified with various nursing interests in this country and abroad has lately been appointed chairman of the Committee on Town and Country Nursing. At a recent meeting of this committee it was voted to include as members representatives of the three national organizations* of nurses, representatives nominated by their respective organizations. Those appointed were Miss Mathild Krueger of the American Nurses' Association, Miss M. Adelaide Nutting of the National League for Nursing Education, and Miss Ella Phillips Crandall of the National Organization for Public Health Nursing. Other members also have recently been added to the Committee which now includes the following: Mrs. Whitelaw Reid, Miss Jane A. Delano, Miss Mabel T. Boardman, Miss Lillian D. Wald, Mrs. William K. Draper, Miss Annie W. Goodrich, Mr. John M. Glenn, Mr. Wickliff Rose, Dr. Winford Smith, Dr. J. W. Schereschewsky, Miss Mathild Krueger, Miss M. Adelaide Nutting, Miss Ella Phillips Crandall, Miss Edna L. Foley, Miss Ruth Twombly, Mrs. Larz Anderson, Mrs. Willard Straight, and Prof. Thomas Nixon Carver.

*Editor's Note—The National League for Nursing Education and The National Organization for Public Health Nursing are corporate members of the American Nurses' Association.

In order that the equipment necessary for the visiting nurse in rural districts and small towns of the country may be more advantageously studied, and facilities for such preparation may become more adequate and more generally available to the nurse in various sections of the United States, who may wish to qualify for this work, a sub-committee on education has just been appointed by the Committee on Town and Country Nursing.

Teachers' College, at the request of the Town and Country Nursing Service, has already made it possible for graduate nurses to take a four months' course in preparation for Red Cross town and country nursing, which probably was the first academic course offered to nurses where they might have opportunity to study rural social problems in connection with a short course in public health nursing. Several nurses entered the course which began last October. This will be given again the second semester beginning February 4, 1914. A tentative outline of the course submitted by the Department of Nursing and Health of Teachers' College and the Northern Westchester District Nursing Association is as follows:

The course will consist of lectures, conferences and field work; the latter will consist largely of actual training and experience and will be obtained:

1. In the Henry Street Nurses' Settement, where practical teaching and experience in nursing in the homes will be given under the direction of a district supervisor. This will cover a period of two months.

2. In the Department of Health under the direction of the superintendents of nurses in the Division of Child Hygiene and the Contagious Division, where instruction in the work of the school nurse in schools and infant milk stations will be given, followed by a brief study of work in tuberculosis. This will occupy a period of one month.

3. In the Northern Westchester District Nursing Association near New York City, where an introduction to the special problems of Rural Districts will be given. This is to occupy a period of one month.

Instruction by means of lectures, conferences and excursions

will occupy from four to six hours weekly, for which two afternoons each week will be free.

The arrangement will probably be as follows:

Mondays at 2 P. M.—Public Health Nursing—Miss Crandall and others. This course takes up the ordinary procedure in district and visiting nursing of all their various branches, deals with the educational and preventive aspects of this work, and discusses the relation of the nurse to the various medical and social agencies and institutions.

Mondays at 4 P. M.—Rural Life Problems—Special Lectures. This course will be given by special lectures and will deal with the particular problems of Rural Social Life, of Education and of Health and Sanitation.

Wednesday at 4 P. M.—The applications of Preventive Medicine in Nursing—Dr. Haven Emerson. This course takes up the application of modern medical knowledge as applied by nurses in the prevention of disease, and will deal with the prevention of infant mortality, alcoholism, tuberculosis and other notifiable diseases, insanity and feeble-mindedness, venereal disease, cancer, etc.

The course of lectures on Rural Life Problems which was begun on Monday, October 6th and came to an end on Monday, January 12, was as follows:

October 6—Four Stages of Rural Development. Dr. Warren H. Wilson, superintendent of the Department of Church and Country Life, Presbyterian Board of Home Missions.

October 13—Rural Population. Dr. Warren H. Wilson.

October 20—Problems of Water and Food Supply. Dr. C. E. A. Winslow, Curator of Public Health, American Museum of Natural History.

October 27—Disposal of Waste in the Country. Dr. C. E. A. Winslow.

November 3—Rural Lands and Labor. Dr. Warren H. Wilson.

November 10—Air Conditioning and Health. Dr. C. E. A. Winslow.

November 17—The Rural Social Mind. Dr. Warren H. Wilson.

November 24—The Village and the Open Country. Dr. Warren H. Wilson.

December 1—Insect Borne Diseases. Dr. C. E. A. Winslow.

December 8—The Spread and Prevention of Communicable Disease. Dr. C. E. A. Winslow.

December 15—Rural Education. Miss Mabel Carney, Head of the Department of Rural Education, Illinois State Normal University, Normal, Illinois.

January 5—"Know Your Community" Clubs. E. C. Branson,

Professor of Rural Economics and Sociology, State Normal School, Athens, Georgia; editor "Farm and Home."

January 6, at 5 P. M.—Aspects of Rural Education. Professor E. C. Branson.

Thursday, January 8, at 5 P. M.—Aspects of Rural Education (continued). Professor E. C. Branson.

Monday, January 12—Final Lecture. (Lecturer to be announced.)

The Red Cross student nurses spent the month of December studying rural conditions under the direction of the Hospitals and Nursing Committee of the Northern Westchester District Nursing Association, New York State. The following program was arranged:

December 4, at 2:15 P. M., at the Presbyterian Sunday School rooms, Mt. Kisco. Explanation of the organization and practical working of this Association.

December 9—Visit to the Almshouse at Eastview, reaching there by motor about 2:30 P. M.

December 11—Regular monthly meeting of Hospitals and Nursing Committee and conference with the district Nurses at the Presbyterian Sunday School rooms, Mt. Kisko, at 2:45 P. M.

December 16—Visit to the Reformatory. Talks by Dr. Davis and Dr. Hallock on the country bad girl, at 2:30 P. M.

December 18—At the Presbyterian Sunday School rooms, Mt. Kisco, at 2:15. Talk on Country Doctors and Country People.

December 30—Same place and hour. Discussion of Education and Recreation in the Country.

The Boston Visiting Nursing Association has made special provision for instruction in rural nursing by affiliation in country districts, for those desiring to take up this form of work. Special classes and reading on the problems of rural work are also arranged.

The University of Virginia is considering the establishment of a course within a few months which will equip visiting nurses who locate in this section of the country with a practical knowledge of the psychology and needs of the mountaineer.

Nurses may also take a four months' course in preparation for Red Cross visiting nursing in connection with the Visiting Nursing Associations of Chicago, Detroit, Rich-

mond, Va., and several others. Arrangements for a course will be made by the Red Cross for nurses who, having sent in application to the Town and Country Nursing Service, are otherwise eligible for appointment.

At the recent nursing section meeting of the annual convention of the National Association for the Study and Prevention of Infant Mortality a resolution was passed indicating the need for specially equipped women for public health nursing, recommending that experience and training in this field be included in the hospital training school curricula. Too much cannot be said in behalf of the institution of such opportunities as will equip nurses to meet the broad demands of public health nursing. A wonderful opportunity is theirs, and the extent to which they may fill the important place now open to them will depend largely upon the degree to which they are prepared for the work. With several organizations at present interested in the education of public health nurses it is to be hoped that more opportunities for this may soon be developed and that the nurses who wish to enter this field will realize the necessity of a thorough preparation to meet the varied needs of the small communities and will make every effort to obtain the best instruction possible.

A loan fund is provided by the Red Cross available to nurses taking preliminary training in public health nursing. The fund may be utilized to an amount sufficient to cover living expenses during a course in order that nurses desiring to prepare themselves for Red Cross visiting nursing may not be prevented from doing so for financial reasons and it is hoped that nurses will use this fund freely.

The Secretary's Trip in the Middle West

Ella Phillips Crandall

The secretary has just returned to New York and finds herself eager to share as far as possible with the readers of the Quarterly the inspiration which she gathered during her recent itinerary in some of the Middle West cities. In response to a suggestion from Mrs. James L. Houghteling, chairman of our Finance Committee, Miss Foley of the Chicago Visiting Nurse Association sent out notices to various visiting nurse associations that the secretary would visit their cities and address public meetings in behalf of public health nursing if they so desired; providing they would bear her traveling expenses. Indianapolis, Ind.; Peoria and Chicago, Ills.; Beloit, Milwaukee and Green Bay, Wis.; and Grand Rapids, Mich., responded and Miss Crandall left New York on December 8. Only lack of time prevented her going to Kankakee also, where a large group of nurses and attendants in the State Institution for the Care of the Insane were anxious to hear about public health nursing and she hopes to accept the invitation at a later date.

According to the itinerary as arranged, Indianapolis was to have been the first city visited and Mrs. Peter F. Bryce, who is a nurse and president of the Public Health Club of that city, was given the program for the meetings wide and vigorous publicity, when the grave aspects of the recent strikes made it necessary to abandon all public meetings for a period of two weeks; therefore the secretary went directly to Chicago, where she spent an extra busy and profitable day.

First she met the superintendent and staff of supervisors of the Visiting Nurse Association at their regular weekly conference and later some members of the Board of Directors. It was no trifling expression of the public-spirited interest of these devoted women on which

depends in large part the uniform and effective administration of the districts that they came, in spite of the Christmastide demands, in response to the call of one of their number to discuss with the secretary some of the larger problems of public health nursing and the relation of the national organization to them. Their untiring service and large experience in behalf of the extension of public health nursing in Chicago make them wise and helpful counselors in questions of national scope.

Later the secretary attended a meeting of the Chicago League for Nursing Education at which Prof. Henderson of Chicago University, after setting forth in most lucid fashion the needs and possibilities of a more liberal education of nurses, urged that a committee of the League wait upon the Dean of the University in behalf of some affiliation between the University and the Training Schools of the city, whereby such educational advantages might be placed at the command of nurses, both in and out of the training schools. The secretary was invited to participate in the discussion which followed Dr. Henderson's address and also to give a brief outline of the present status and work of The National Organization for Public Health Nursing.

Following the meeting the members and guests were invited to repair to another part of the hospital, where an exhibit of various service trays for dressings, hypodermics, clysis, care of new-born infants, etc., etc., used in the different hospitals, had been arranged. Judges were appointed, a five dollar prize having been offered for the best one. These evidences of improved methods and consequent higher standards of efficiency recalled vividly to the secretary her own happy days as superintendent of a hospital and training school, with their responsibilities and associations with student nurses, compared with which few relationships have been so inspiring or furnished such rich compensations. Is there not in this exhibit a suggestion to Public Health Nursing clubs?

The itinerary was so arranged as to make Chicago head-

quarters from which short trips were made to other cities, Peoria, Ill., being the first, after Indianapolis, where the secretary was due to speak before the Women's Club of that city and invited guests. The Visiting Nurse Service in Peoria is directed by a visiting nurse committee of the Associated Charities. In recognition of the social significance of the eight years of visiting nurse service in the community, the Department of Social Science of the Women's Club graciously extended invitations to all interested people in the name of the club to hear a discussion of the part of the visiting nurse in the public health campaign. The women of Peoria have reason to be very proud of their beautiful club house with its fine auditorium, lecture and reception rooms.

Both the ladies of the visiting nurse committee and the secretary regretted the absence of Miss Youngreen, who was at that time visiting other cities for the purpose of studying methods in school nursing prior to undertaking her new duties as school nurse. Her successor, Miss Myrtle Douglass, was at the same time spending a month in Chicago with the Visiting Nurse Association in the effort to gain an insight into approved methods, not only of the work itself, but of records and office management. This disposition to qualify, as best they can, for their work is not more directly helpful to themselves than is its example to others, because it argues for personal progress and for higher standards and for larger scope of work.

An exceptional aid to the work in Peoria is found in the Proctor endowment fund of 1,000 annually for purposes of follow-up work. This enables the nurse to place a patient in a hospital bed or even provide a special room or secure expensive orthopedic apparatus when needed—all of which extend far beyond the functions of the Associated Charities.

In spite of many evidences of effective work which came to light during a two hours' conference with the chairman and vice-chairman of the visiting nurse committee, the secretary felt constrained to point out the undesirability of

having the visiting nurse service *under* the direction of and contingent upon the Associated Charities. She emphasized the commonly accepted importance of close affiliation and co-operation, heartily endorsing the housing of the two offices in adjacent rooms; but tried to show that it is recognized to be a wrong principle to identify the nursing so closely with the charities as virtually to stamp it in the minds of the public as an exclusively free service, which fact alone renders it unacceptable to self-supporting families of very limited means that find pride in paying for what they have, whether it be merchandise or service.

Peoria is abundantly supplied with hospitals, and representative physicians of the city stated that "both the medical profession and the public have the hospital habit." This may in part account for the fact that the visiting nurse service has not grown beyond the work of one nurse during a period of eight or nine years.

The following day was spent in Chicago, where two or three informal conferences were held and the subject of public health nursing was presented to the students of the School of Civics and Philanthropy. It is interesting to note that in this year's class of ninety-three students there are nine nurses. Let us hope that each year will increase the number of our representatives who count it a wise expenditure of time and money to pause in their life of service to gather new information and a larger grasp of the forces at work in the world's conquest for higher standards of living.

In this connection, we like to remind our readers that one of the three Isabel Hampton Robb Memorial scholarships for 1913-14 was awarded to a public health nurse student of this school. This fund offers three scholarships annually and while it is probable that at least one will be assigned each year to students in the Department of Nursing and Health at Teachers' College (the post-graduate course which Mrs. Robb was so largely instrumental in creating), others will be given to students in other schools which offer to nurses opportunities for advanced study.

Several public health nurses have already had the honor of receiving these scholarships and it is fair to assume that not less than one will be awarded to women in this field of service from year to year. Applications for these scholarships can be made to the Committee on Scholarships of The American Nurses' Association and should be entered within the next month or two.

On the same day the secretary was privileged to spend a delightful evening with the members of the Visiting Nurse Club of Chicago and to present to them some of the larger aspects and possibilities of the work in which we are all engaged. Nothing more clearly proves that nurses are awakening to their need of organization than the existence of just such clubs which bring together regularly representatives of all forms of public health nursing, both municipal and philanthropic, thereby acquainting the workers with each other and with the distinctive features of their various activities. They are beginning to realize the meaning of "strength in union" and indeed they cannot hope to participate effectively in the modern trend toward federation of all social forces until they have learned to strengthen their own work through co-operation.

The next day found the secretary in Beloit, Wis., where the visiting nurse is quite a new community interest, and it was gratifying to learn that Miss Anna Leutscher has established her work on a general basis which bids fair to stimulate public interest and support equally in behalf of general visiting nursing and of tuberculosis, school and infant welfare service. It was good to learn that she was already co-operating with the hospital in follow-up work for convalescent and dismissed patients. She, too, has had one month of informal training in preparation for her work in connection with the Visiting Nurse Association of Chicago. Perhaps a large, highly organized association like that in Chicago renders no more valuable and certainly no more appreciated service than that of standing back of and sup-

porting through advice and counsel the women who are working alone and in unfamiliar fields.

The afternoon meeting was held in the assembly room of the Carnegie Library and although the audience was small, the secretary was pleased to have the opportunity to present the work of The National organization for Public Health Nursing, not only to lay people and nurses interested directly in public health nursing, but to nurses engaged in other fields. Earlier in the afternoon these women had completed the organization of a Graduate Nurses' Association of Southern Wisconsin.

The next day the traveler journeyed to Milwaukee, where she had the pleasure of attending a quarterly meeting of the first Woman's Club in the state, which that day listened to a stirring address by Prof. Hoban of the University of Chicago in behalf of establishing in Milwaukee a juvenile protective association. Before the meeting closed such an association was launched with an appropriation of $1,500 from the treasury of the club and many citizens feel that it is the most distinctive public service ever rendered by this very honorable club.

An invitation was extended to members of the club to attend the evening meeting of the State Association of Graduate Nurses at which the secretary had been asked to speak. All physicians and various other people of the city had received personal invitations and, although the audience was not as large as some had hoped—largely due, perhaps, to the fact that people were too much engrossed with preparations for Christmas—those who came were very attentive and responsive.

Two conferences (which were all too short) with the superintendent and a director of the Visiting Nurse Association, Mrs. Kate Kohlsaat and Miss M. Tweedy, revealed ample evidences of a well-organized and vigorous association, possessed of a wholesome discontent, which always means growth, and having an excellent record of public service.

There are also municipal staffs of tuberculosis and child welfare nurses whom the secretary met at the evening meeting. She was much honored also by the presence of others from neighboring cities and regretted that time did not permit of discussion of special interests with each and all.

The Milwaukee Association was one of the early applicants for corporate membership in the National Organization, and is well qualified to serve as a counsellor and helper to isolated visiting nurses in Wisconsin, much as the Chicago Association does for all who seek its aid.

The next station on the itinerary was Green Bay, Wis. Here again the secretary was the guest of the Public Health Committee of the Woman's Club as well as of Miss Myra W. Kimball, late visiting nurse and at present school nurse; and the meeting was held in the Woman's Club house. Miss Kimball had proven herself to be an expert publicity agent (an attainment all too rarely possessed by nurses) and as a result, school teachers, every member of the City Council and one member of the Board of Education were present to hear what was to be said on the subject of public health nursing. In addition to these was a very gratifying attendance of representative women of the city.

Following the meeting members of the Public Health Committee, which included among them women of wealth and leisure, school teachers and two representatives of the State Industrial Commission, met the secretary and discussed various local activities for which they are or have been responsible: such, for instance, as the demonstration of the need and value of a visiting nurse for eighteen months until the city authorities were convinced that this service should be continued in the form of school nursing at public expense; the establishment and maintenance of an open-air school, till the Department of Education saw fit to build a new school, including in its original plan a complete open-air department (this is claimed to be the first school in the country to have an open-air room provided in

its original drawings and it is also the northernmost one); the inauguration of garbage removal; the installation of screens in a contagious hospital; the entire practice of organized relief in accordance with approved modern methods, though entirely a volunteer service.

Is it any wonder that the Secretary begged such a group of public-spirited women to become a corporate member of The National Organization for Public Health Nursing? This she did right vigorously; for what body of people can more effectively advance the cause of public health nursing than Women's Clubs such as this?

Although on Miss Kimball's shoulders rests the appalling task of caring for 6,000 school children housed in twenty-three schools scattered all over the city of 30,000 inhabitants (a task which no one woman can possibly handle adequately or to her own satisfaction), she is to be much congratulated for the measure of support and co-operation which she can confidently rely upon from these good people, who gladly acknowledge her leadership in health matters. She has shown her ingenuity by establishing her headquarters at the open-air school, so that she sees nearly every day those children who need her most, although others are visited only about once a week.

Miss Kimball is a native of Green Bay and a graduate of the School of Pharmacy of the University of Wisconsin and, therefore, brings to her service a personal sense of relationship to and responsibility for local conditions. Such a woman has a freedom and opportunity and a responsibility that seldom come to the worker in a large city, where agencies are multitudinous and "systems" dominate. Miss Kimball has enthusiasm enough to share with any straggling neighbor and will gladly do so. She is also a member of the Permanent Committee on Tuberculosis Nursing of the National Organization, of which Miss Curry D. Breckinridge, of Chicago, is chairman.

Another restful, though fully occupied, day in Chicago intervened before the secretary found herself in the

beautiful Michigan city of Grand Rapids. Here also Miss Laura Wilhelmson had vied with Miss Kimball—though quite unconsciously to both—in her publicity measures. Two meetings had been provided for. One was a Sunday School class of adults in a central Presbyterian church, which is known as a "Practical Problems" class. Among its members are prominent men and women who not only listened with apparent interest, but proved their interest by a rapid fire of exceedingly pertinent questions.

In the evening several hundred people gathered for a union mass meeting in a large Baptist church, which stands for applied Christianity and whose minister is always pleased to give the endorsement of his pulpit to forward movements of any kind. The relations of visiting nursing to the public health campaign were presented by the secretary and the medical, legislative and governmental aspects of the moment were set forth by Dr. Walter H. Sawyer in a very instructive paper. During the afternoon the secretary met informally all the public health nurses of the city at the office of the District Nurse Association and learned of another Public Health Nurse Club, which brings its members together in weekly meetings at which each in turn presents a paper on some new development of medical or sanitary science or on other subjects bearing upon their special interests. All testified to the great advantage gained for the work itself and the personal satisfaction to the workers through this familiarity with each other and the various specializations of service. She also met a group of young society women known as "The Mary Free Bed Guild," who are doing a most extraordinary hospital social service work and at the same time managing a star concert course by which to support their philanthropy and which nets them several thousand dollars each year. She tried to show these young women also that the National Organization needed and wanted just such capable and enthusiastic members as they are and hopes yet to hear that it has secured their active interest.

The thoughtful reader of this narrative will be impressed with one fact above all others, i. e.: the great variety of people that composed the audiences. There were student and graduate nurses, superintendents, private and public health nurses, members of women's clubs and churches, public officials and politicians. This fact alone is evidence sufficient to prove that interest in public health nursing is a thoroughly live thing. The absence of physicians was everywhere conspicuous, which called forth many local comments and caused a query or two in the secretary's mind.

The Secretary learned several important things whereby she can increase her usefulness to other communities which may invite her to visit them in the future. She will allow more time in each city, thus providing for conferences with directors and staffs of any or all nursing services in the various cities if they so desire and thus give her a better acquaintance with local workers and problems. She will ask those who are planning for public meetings to state in advance the character of the audiences as far as possible, thus enabling her to present the subject more effectively. She is more than ever impressed with the importance of enlisting the co-operation of women's clubs in the cause of public health nursing.

The Secretary wishes to take this opportunity to say that she carries away from every city or town so much of lasting value which she gleans from her conferences and observations that she feels constrained to urge all who are responsible for the disposition of her time to allow a fair amount for this very important duty. It really becomes a duty on her part when we consider that she not only makes herself thereby a much better informed and helpful secretary, but a better adviser to any given locality and to all who have a claim upon her.

It is a matter of some consequence that it is frequently possible, owing to competition, to secure tickets by circuitous routes for the same price as those on more direct lines, thus visiting important cities without extra expense. For

instance, on this itinerary, the secretary planned to stop at Washington, D. C. and Dayton, O., en route to Chicago, which she did with only the additional cost of Pullman service for the longer journey. This enabled her to attend a called meeting of the Red Cross Committee on Town and Country Nursing Service at the home of Miss Mabel T. Boardman, Washington, D. C., to which she had recently been appointed to represent The National Organization for Public Health Nursing. It will be interesting to note that this Committee, originally composed of nine members, has been considerably enlarged and now includes in its membership representatives of The National League for Nursing Education, The American Nurses' Association and The National Organization for Public Health Nursing. Miss Clement, superintendent of the Town and Country Nursing Service, will doubtless furnish a report concerning the meeting.

A word regarding Dayton, that recently deluged city where one hundred nurses rendered such conspicuous service last March can hardly fail to be of interest. As one drives through the streets in the center of the city there is no other evidence of the terrible disaster than the wholsome one of missing dilapidated landmarks and the substitution of new and better buildings. There are outlying streets, however, from which the debris is only now being removed and the real tragedies are not felt until one enters the homes of rich and poor alike and finds water-soaked walls with no paper and no possibility of paper clinging to them, only the barest necessities of furniture and a total absence of books, pictures and bric-a-brac. Many families are still living entirely on their second floors. In spite of honest efforts not to talk of the disaster, it is still impossible to reckon any condition, circumstance or event except in its relation to the flood. Growing out of that terrible experience has come a splendid reorganization of the city's visiting nursing service, which has resulted in the appointment of Miss Elizabeth G. Fox, (late member of the Visiting Nurse Association of

Chicago and graduate of the University of Wisconsin and of Johns Hopkins Hospital) as superintendent of the Fruit and Flower Mission and Visiting Nurse Association and the appointment of five municipal nurses by the Board of Health.

A newly formed Social Service Club, which promises to be helpful to all the social workers of the city is largely due to her initiative. Of still larger significance is the Greater Dayton Association, which is a federation of all philanthropies, including the Visiting Nurse Association, similar to that of Cleveland, where this and other far-reaching developments of policy and plan in public welfare service have found their origin.

Another privilege granted by the railroads is that of stop-overs, the use of two of these on the return trip ticket allowed a hurried call at South Bend, Ind. and Cleveland, O.

A special trip was made to Minneapolis, Minn., for the sake of spending Sunday with Miss S. Lillian Clayton, a friend and former acquaintance in hospital and training school administration. Miss Clayton is a graduate of the Philadelphia General Hospital Training School and of Teachers' College. During the past two years and a half she has completely reorganized the training school of the City hospital, Minneapolis, an institution which has more than doubled its capacity during that period. Under her direction the curriculum has included 25 classes in domestic chemistry and 12 classes in elementary chemistry and courses in bacteriology and biology and anatomy with dissection. The hospital provided a well equipped laboratory and instructor and through the co-operation of the students, the superintendent and the Department of Charities, 250 reference books have been purchased, and the students and faculty have contributed $100 for pictures for the new nurses' home. In this new home an entire floor is devoted to school purposes. it has a lecture hall with raised seats circularly arranged, a class room, a demonstration and practice room, a cooking and chemistry laboratory and a library and study

room. The students have been given some opportunity to observe the work of visiting nursing through co-operation with the Visiting Nurse Association; many of the staff nurses are members of the Social Workers' Club; and lectures are given on social, relief, and public health topics. A splendid scheme of co-operation exists among several of the training schools, including that of the University of Minnesota, whereby some of the most valuable lecture courses are given to the students of all these schools. The institution is known for its co-operation with other agencies for public welfare and it is about to establish a hospital social service department.

Miss Clayton has since assumed the office of Director of the Educational Work in the Illinois Training School of Chicago, where she will be associated as assistant with Miss Mary C. Wheeler, who (some of the readers may not know) has recently assumed the superintendency of that historic, old school which is the only one still retaining its financial and administrative independence of the hospital to which it is attached. It hardly seems necessary to say that Miss Wheeler is late president of The National League for Nursing Education and state inspector of training schools for Illinois and a graduate of the Illinois Training School for Nurses and of Teachers' College.

A matter of signal significance to public health nurses is that the Illinois Training School under Miss Wheeler's stimulus is the second one to join The National Organization for Public Health Nursing as a corporate member, basing its claim to membership on the fact that its social service department is an integral part of the school.

With two such socially-minded women to guide them and the extraordinary opportunities for follow-up work that Cook County Hospital affords, there should be found among the students of the Illinois Training School many recruits for the ranks of public health nurses. Let us hope that many more training schools will follow this fine

example. Nothing is more promising to our cause than active co-operation of the training schools.

The engagements in Grand Rapids were the last that were planned in the itinerary, but as indicated above the secretary made use of stop overs on her homeward journey to call at South Bend, Ind., where three of her former graduates are directing a hospital and training school and was asked to talk informally to the officers and senior students of the hospital and some graduate nurses from the city.

Thence she went to Cleveland for several important conferences with officers and friends of the organization, and back to New York, arriving at home on an over-laden and much belated train just fifteen minutes before the advent of Christmas day.

In closing she wishes to acknowledge with deep gratitude the exceedingly gracious courtesies which were extended to her in every city. The cordial hospitality of beautiful homes, receptions, dinners, flowers and motor cars added all possible comfort and pleasure to her profitable visits. At the same time, she desires to emphasize the fact that she goes to every community primarily for the sake of professional interests and that she is as much "on duty" as any nurse in her district and feels it to be a matter of conscience to meet all rightful demands of those who have borne the expense of her visit before she allows herself the hearty enjoyment of social pleasures.

Compensation in Visiting Nursing

Mayanna B. Tomlinson

Visiting nursing, to those who are ready to see the many advantages and opportunities which it offers, is a field of work worthy of the most able nurse's efforts apart from any pecuniary consideration. Not that I would advocate less than the highest salary that can reasonably be raised for her, for she needs to live comfortably in order to keep her health and also to take proper thought for the future so that her best self may be put into her work without anxiety concerning her own personal welfare. But it is a work where there is more opportunity for the compensation which really counts, than in many where pecuniary profit is perhaps greater.

First of all there is the advantage of much out-of-door exercise along with the work, and that helps wonderfully to keep one in the best of health and the best of spirits—both of which are as good an investment as one can make for the future as well as for the present.

Then the opportunity for the study of human nature under many differing circumstances is very great. Many of the people whom we have to care for and whom we look upon as most trying, if not hopeless, have been made so by loss of opportunities, or by environment, and the effort on our part to judge them from a truly Christian standpoint, to try to realize that they have a right to their own opinions, and to help them to see things with a clear and true vision, strengthens our own characters, and gives us many a valuable lesson which helps us, in turn, to live more useful and better lives. It gives, also, splendid opportunity for the exercise of tact and adaptability—two virtues the cultivation of which will be of service in any future work which may be undertaken.

Another asset in visiting nurse work is the possibility

of entire rest between cases; the taking up of an entirely new subject for concentration and thought with each new case—and change is always refreshing.

In rural districts—to which my experience is limited—of course the subjects and cases are more varied than in a city district, especially if the work in the city is a specialized one; moreover the walks and drives in the country from place to place are often a real joy and fill one with inspiration to give of one's best.

Another compensation—and one not to be lightly dismissed— is the opportunity for a systematic arrangement of one's time, and the full and undisturbed night's rest.

In short, for the graduate nurse anxious to use her nursing knowledge to the greatest advantage; anxious to lead a full, active, helpful and normal life; and willing to subordinate self in her effort to relieve others—public health nursing offers the greatest opportunities—and the compensation is largely what she makes it.

Stories Told by Nurses

Nursing Plus—!

I sez to my old man this morning," said Mrs. X., "we has two pleasant people coming to our house now."

"Who are they?" I laughingly ventured, "the insurance agent and the man on the beer wagon?"

"No marm, youse-self, the visiting nurse, and the doctor. You'se very pleasant friends."

Now I cannot tell you the diagnosis of Mrs. X's case. Suffice it to say, I am advised to use precautions; also, Mrs. X. is one of a family of degenerates. Much as I loathe the atmosphere of that home and slowly as my lagging footsteps daily near that house, it comes as a drop of "cheer-up" medicine—the thought that I am a "pleasant friend."

Smoky Row is a dirty street near the foundry. One house is like another. A new call came in at the office: "Child sick at 28; pneumonia, general care, sponge bath if temperature is 102:5 or over."

The back yard was a junk shop of beer bottles, glass jars, mostly broken, tin cans, old rubber, old iron. In the shed a huge pile of dirty clothes smelled to the heavens. In the kitchen I stepped over a baby, a sleeping cat and three live hens hopping aimlessly around with their legs tied together. The sink was full of dirty dishes. A Sicilian woman, about to become a mother, appeared.

"Pasquale seeck in the breast, doctori. I show you," she said.

Through three bed rooms we went, then up a rickety, creaky old stairs, through a long, dark hall, reeking with the odor of garlic, and finally dodged into the sick room to search a small boy almost lost in a feather bed.

In spite of flies and bugs and feather bed, the boy got better. His mother gave birth to her sixth child. I visited the home for twenty-six days. The next Christmas morn-

ing, at the door of my landlady's house was a box marked for me. In it were a quart of olive oil, a box of raisins, a dozen oranges, a two-quart bottle of wine and this note:

"Dear nurse—Ma says you the best nurse we have caus you don't mind our stink."

Needless to say, I go back a-visiting to that home, when I can find the time, with ice cream for the children and toys at Christmas. In the evening I help mother dry the dishes or put the youngsters to bed. Often the men boarders get out their mandolins or guitars and we have excerpts from Aida and Il Trovatore and Carmen.

The O's are Dutch. I had heard the children were rough and lived on the street. Mrs. O had a septic finger. The city physician prescribed an antiseptic dressing.

I had just put one foot on the threshold of the door, when a shrill, small voice piped up: "That's a darned pot-hat you have on." A snicker went around the kitchen, then a laugh.

"See here, boy, what's your name? Peter? That's a fine name. Going into Fourth next year at school? Were those your doves in the shed? I'm going to tell you about a pair of pet crows I had when I was as small as you."

Their family joke passed off as the crow story progressed. The "pot hat" was never mentioned again. The O children are developing considerable manners.

"Mar, I won't have the old scab look at my heel. You needn't call her out here. I'll git my shoes fixed after pay day."

I looked at Mary's heel, however, and applied dressings each day for a week.

Now Mary was destined to go away over the holidays on a visit, and come back married, and it was the "old scab" who proved mediator for the family because Mary wrote to the visiting nurse, her heart full of troubles. This is the tenor of the letter:

"Dear Miss C.—I am merried and very happy. Ray

is a good husband too me. Mama is sore with me. When you go to see Mrs. Zandt yet, tell mar Ray is good to me, he works at a steddy job already. I like Collinsville and Mr. B's folks are kind too me. Please rite often your loving friend.

"Collinsville. Mrs. Ray B—."

These are only a few of the stories I can tell you.

When my friends say, "Why under the sun don't you go into institutional work? There's more money in it." When the doctors beg me to come back to private duty because they miss me; when the nurses ask what I'm getting out of public health nursing and tell me I'm crazy to be content with $45 a month—and found, I answer them: "There's nothing about institutional work that appeals to me except—the superintendent's salary, and that is as nothing compared with $45 per and nursing plus!"

A Fresh Air Hater

Frances Brown

When the new nurse made her first visit to the Flannery's she was almost nauseated by the indescribably vile odor of the unventilated house. "But, Mrs. Flannery," she said, "you must open the windows, the air is very bad in here, you will all be sick." "Sure," says Mrs. Flannery, "there's enough air comes in through the cracks." "No," said the nurse, "with so many people breathing the same air, it becomes bad and you should open the windows once in a while." "I know all about fresh air," says Mrs. Flannery. "Then why don't you use it?" persisted the nurse, "it's so good for all of you, especially the children." "Indade," says Mrs. Flannery, "you don't need to come here telling me about fresh air. You're paid to come here and dress the sores, not to tell me what to do. Sure an' we've had nice nurses for ten years and they never said a word to us about fresh air. You've been used to I-talians, but you can't treat us like I-talians." "But, said the nurse, "it is

my duty to teach you what is good for you." "Indade," says Mrs. Flannery, "I don't need to learn off o' you—if I want to learn, I knows where to go." Should the nurse be blamed if she sometimes doubts that the beautiful tree can ever be made to grow in such soil?

News Notes

Examination of bakers in New York City. In accordance with a state law the Department of Health of the City of New York has undertaken the physical examination of bakers. This examination is being conducted in the Municipal Tuberculosis Clinics, each master baker being notified when to send his employees for examination. If no communicable disease is found a certificate is given to the baker to that effect and he returns to his work. Where physical signs of tuberculosis are present with a negative sputum the patient may return to work, but must report monthly for further observation and sputum examination. Where the examination reveals a positive sputum, the baker is forbidden to continue at his work, and his employer is notified. Every effort is made in such instances to secure assistance for the family of such a patient and do whatever is possible for him in the line of securing suitable work or putting him under hospital or sanitorium treatment. No figures of the findings can be given at the present time as the examination is not nearly completed. There are 25,000 bakers in the City of New York and thus far 10,000 have been examined.

The following resolution was adopted by the American Association for the Study and Prevention of Infant Mortality at the closing session of its Fourth Annual Meeting in Washington, D. C., Monday, November 17, 1913, as an expression of the feeling of the entire Association:

Whereas: It is now well recognized that the services of nurses have become an essential and indispensable part of nearly all forms of public health work, the demand for them far exceeding the supply, and

Whereas: It is the experience of public health organizations

that in many instances nurses so employed are found deficient in preliminary training for public health work, especially in connection with infants and young children.

Be it Resolved, That the American Association for Study and Prevention of Infant Mortality urge training schools for nurses to provide such instruction, both in theory and in practical training as will enable nurses to render efficient service in public health work, and

Be it Further Resolved: By this Association, that sanitary authorities, visiting nurse and social service organizations be urged to place their facilities for study and practical training, so far as is feasible at the disposal of training schools for student nurses and of graduate schools for graduate nurses desiring to engage in public health work.

In the July, 1913, number of the Quarterly mention was made of the district nursing being carried on in Jerusalem by the Daughters of Zion. Recent reports show that the work is growing and promises to be of great value. Trachoma among children seems to be one of the most prevalent diseases treated and the statistics are almost appalling. Of the 3,293 children examined for trachoma by the physician of the Le-Maan Zion Eye Clinic, assisted by two nurses, 20 per cent. were found afflicted; 4,843 treatments were given by the two nurses. A trachoma case requires on the average three months' treatment. In Miss Kaplan's report for June, 1913, she says: "The anti-trachoma campaign has produced widespread interest, and is one of the very few movements in Jerusalem in which Jews of different parties are united." The maternity work which the nurses are doing is also of great importance, none of the four Jewish hospitals in Jerusalem having maternity wards, and the mortality percentage in maternity cases being abnormally large in the cities of Palestine.

The University of Wisconsin has issued a most interesting bulletin which comprises a number of papers presented at the vocational conference for women recently held at that University.

It is published as a university extension bulletin in the expectation that it may have suggestive and guiding value to the parents, teachers, and others who are in the relation of advisors or have the confidence of young women as to their plans and preparation for doing their part of the world's work. These papers are printed as part of the series of a large number of papers and bulletins on vocational suggestive guidance which the university extension division proposes to publish.

The Quarterly has been asked to publish a paper on the subject of Public Health Nursing as a Vocation for Women, and hopes to do so in the near future.

The papers which appear in this bulletin are as follows:

1. Secretarial Opportunities for Women
   by Frances Cummings, manager Intercollegiate Bureau of Occupation, New York.
2. Administrative Positions in Home Economics
   by Abby L. Marlatt, Prof. of Home Economics, University of Wisconsin.
3. The Business Woman of Today
   by Mrs. Claudia Murphy, Consultant in Home Economics, New York City.
4. Opportunities in Interior Decorating
   by Euphrosyne Laughley, University of Chicago.
5. Welfare Work As a Vocation for Women
   by Mary Lathrop Gass, Welfare Secretary, International Harvester Co.
6. Public Positions for Women
   by Edith Shatto, Health Department, Milwaukee.

The closing paragraph of this last article is worthy of quotation, and although it was intended to apply particularly to the public positions open to women, it seems to apply with equal force to any work of a social nature. Miss Shatto says:

"The public today needs men and women who have a vision—a vision of ideal conditions; conditions where men and women and children, particularly children, have

a fair chance for a decent and useful life. These ideals may never be reached, but a trained, practical woman who will devote the best years of her life to public service may bring them much nearer than they are today."

An admirable folder has been prepared by the American Association for Study and Prevention of Infant Mortality containing information and advice to mothers concerning the care of their babies. It is written in short, clear sentences, the principal words being printed in black faced type to attract attention, and should be of great service in teaching. Those nurses doing infant welfare work who have not seen the folder would do well to write to the Secretary of the Association, 1211 Cathedral St., Baltimore, Md., in regard to copies. Another very interesting one on Newer Ideals of Obstetrics and facts concerning midwives has also been published by the Committee on Obstetrics of the same association.

The Class in Social Training for Public Health Nurses in Cleveland has just issued a leaflet giving particulars of class work and lectures. Copies of these leaflets will be sent to those interested upon application to the Cleveland Visiting Nurse Association, 612 St. Clair Ave., Cleveland, O.

The following exerpts from an announcement issued by the North American Civic League for Immigrants is of great interest:

At the meeting of the Board of Directors of the New York-New Jersey Committee of the North American Civic League, held October 10, it was voted, with the concurrence of President D. Chauncey Brewer of Boston, to extend the field of the Committee to national legislation for the protection and distribution of aliens and to discontinue the purely local work of the Committee in New York and New Jersey. The New York-New Jersey Committee thereby becomes the Department of National Legislation.

The Committee has achieved its purpose and plan in local work in both New York and New Jersey and has demonstrated its ability already in lines of national activity.

In New York it has created a State Bureau of Industries and Immigration, which now has an appropriation of $50,000, and is carrying on the work first undertaken by the League throughout the State.

The model camp school at Valhalla, maintained for the past three years, which has made this labor camp the best run in the State, is now supported by the educational authorities and the contractors.

The system of domestic education established in many industrial centers, whereby visitors went to the homes of the immigrants and helped the mothers in housekeeping and the care of children has been permanently adopted, and the idea is being taken up by other communities.

The Committee has made investigations and conducted educational classes and outlined courses of instruction now being used by the public schools and has secured night sessions for naturalization courts in Western New York.

It has established an Immigrant Guide and Transfer, which this last year alone delivered safely to their homes in New York 51,730 immigrants, with but two complaints of its service. Before this work was started these people were the prey of every runner, porter, expressman and hackman at the Barge Office and were robbed, misdirected and abused by them.

It has improved living and amusement conditions on Barren Island and secured the appointment and directed the work of a nurse and domestic educator in this desolate, forlorn spot where the city's garbage is cared for by a community of some 1,400 immigrants.

In its capacity as expert advisor, its representatives have made surveys of various industrial plants and have recommended changes and improvements in living and working conditions. This work is now to be carried on from the Boston headquarters of the League.

Among the notable laws secured by this Committee of the League for the protection of aliens in New York are:

The regulation of private bankers, safeguarding the savings of aliens.

Regulation of steamship ticket agents, who had hitherto robbed the alien by not transmitting his savings entrusted to them for the purpose, by selling him bogus tickets.

Licensing of immigrant lodging places by the Bureau of Immigration making these places now safe and wholesome.

Provisions in the health law and labor law, authorizing the

State to establish sanitary regulations in camps, canneries and other out-of-the-way immigrant colonies.

A new set of regulations by the collector of the port in relation to the use of docks by hotel runners.

A law prohibiting the publication of misleading advertisements, especially in relation to the sale of lands.

Camp school bill authorizing the State to maintain such schools in industrial centers and in labor camps.

In New Jersey it has secured the appointment of an Immigration Commission which will recommend in January legislation creating a Bureau similar to the New York Bureau of Immigration; the establishment of free employment agencies; enforcement of employment agency law by Department of Labor; shortening the hours of labor of boys employed in shoe-shining parlors; and regulation of powers of notaries public. During the past two years this Committee has also maintained a Bureau in New Jersey where thousands of complaints of aliens have been adjusted and the hardships of newly arrived aliens relieved.

In both New York and New Jersey great progress has been made in driving out the land sharks who sell worthless lands to immigrants and otherwise defraud them in selling homes.

These are the matters this Committee set out to remedy. They have been accomplished and turned over to competent State authorities with which the new department will co-operate, and the Committee feels that these practical experiments now working successfully should be taken up in the other great industrial states of the country.

News comes from Los Angeles that the Los Angeles Public Health Nurses Club now has twenty-five enrolled members, and that the constitution of the club is being reconstructed so as to take in county and state, as well as city. This seems to be an admirable plan, as nurses working alone in small towns or rural districts are in this way able to become members. It is to be hoped that before long there will be State Public Health Nurses' Clubs in every state just as there are State Graduate Nurse Associations. And that all nurses doing Public Health Nursing will desire to become members of them as well as members of the National Organization.

A request has been received from one of our Southern cities for a complete file of the Public Health Nurse Quarterly. Unfortunately the editor is unable to comply with the request as several back numbers are out of print: i. e., January and April, 1910; January, July and October, 1912; and January, 1913.

We also frequently have requests for single copies of these issues. The Quarterly will gladly pay 25 cents per copy for any of these missing numbers if readers who have finished with their copies and do not care to keep them will communicate with the editor.

Mrs. W. K. Vanderbilt, who has recently consented to serve on the Finance Committee of the National Organization for Public Health Nursing, has for years given close personal attention to the details of the Social Service work of the Presbyterian Hospital, New York City, supported by the Vanderbilt Fund, often making visits to the homes with Miss Bewley, the instructor in Visiting Nursing at that hospital, and demanding always one thing in particular, i. e., **finished work.**

By Their Shoes

Tolstoi wrote a story about a shoemaker who lived in a basement in a little room with one window. The window looked out on the street. Through the window he used to watch the people passing, and although only their feet could be seen, yet by their boots the shoemaker recognized and judged the men and women.

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WANTED—Graduate nurses with experience in visiting nursing for positions in Ohio cities. Address R. G. Paterson, Secretary, 20 East Gay street, Columbus, Ohio.

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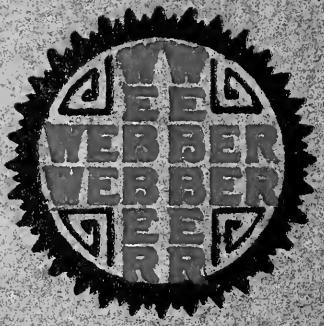
B. B. CHAPMAN

Manager



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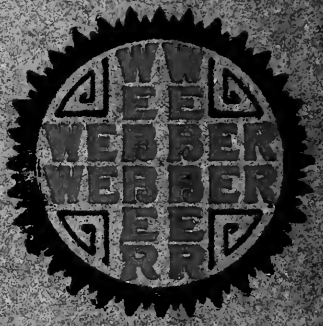

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